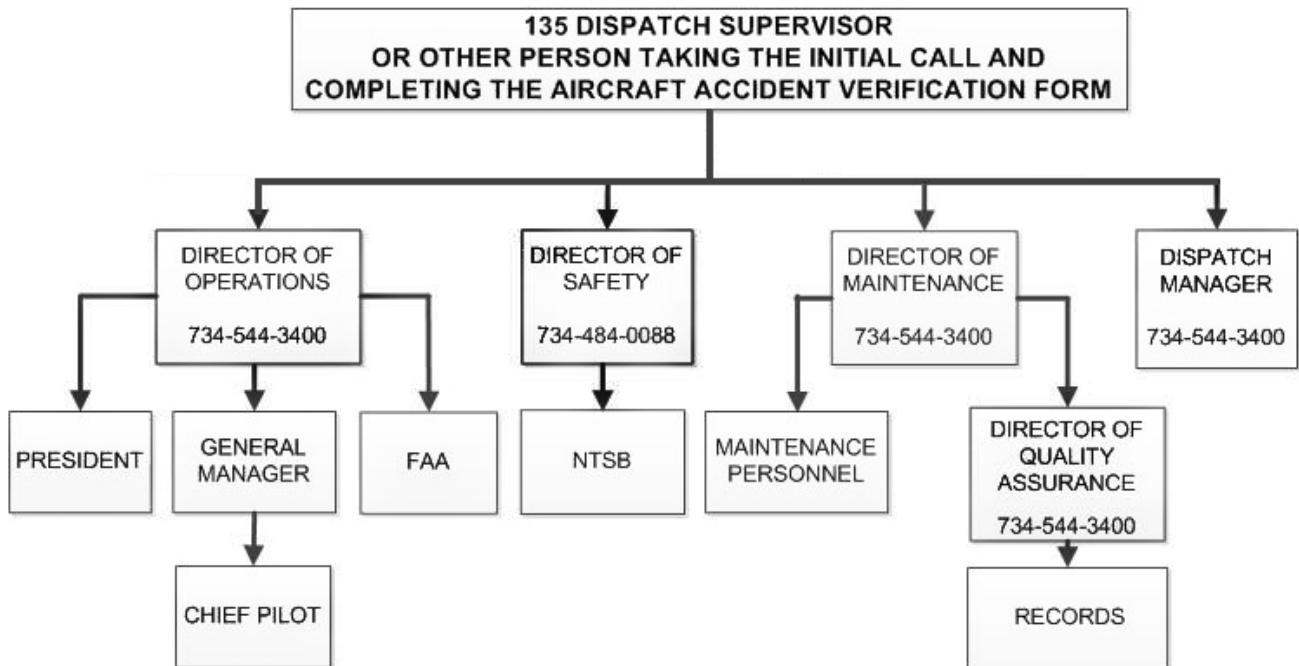


KALITTA CHARTERS, LLC.
EMERGENCY RESPONSE MANUAL
INFORMATION BULLETIN 21-01

TO: ALL MANUAL HOLDERS
FROM: SAFETY DEPARTMENT
DATE: June 1, 2021
EXPIRATION DATE: June 1, 2022
SUBJECT: CONTACT INFORMATION



KALITTA CHARTERS, LLC.
EMERGENCY RESPONSE MANUAL
INFORMATION BULLETIN 21-01

PHONE CONTACTS

FLIGHT OPERATIONS CENTER EMERGENCY		(734) 544-3400 (734) 985-2434 (800) 525-4882 (734) 544-3421		
	Toll Free:			Media Spokesperson
	FAX:			Berry Birurakis Office (734) 544-3400 x7233
President				
Doug Kalitta	Office (734) 544-3400	x7112		Human Resources - Manager
	Fax (734) 544-3429			Erin Heine Office (734) 544-3400 x7252
	Home (734) 769-8207			
	Cell (734) 904-5975			Customer Management/DOD Contracts
General Manager				Berry Birurakis Office (734) 544-3400 x7233
Berry Birurakis	Office (734) 544-3400	x7233		General Counsel
	Fax (734) 544-3421			George Kelsey Office (734) 973-1222
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	Cell (734) 417-9005			
Director of Safety				Manager of IT/Telecommunications
Ron Fansler	Office 734-484-0088	x7095		Dave McDade Office (734) 985-2458 x7228
	Cell (586) 530-7233			Cell (734)-218-6261
	Fax (734) 485-6738			Asst. Mgr. of Telecommunications
Bruce Anderson – Manager	Office 734-484-0088	X7005		Mohammed Abdulrazzaq Office x7225
	Cell (734) 905-6587			Jim Renner Office x7287
Dir. of Operations/Security	Office (734) 544-3400	x7210		FAA
Bradley Clark	Home (734) 544-6577			Great Lakes Regional Comm Center (817) 222-5006
	Cell (734) 417-9006			FSDO - Willow Run (734) 487-7222
Director of Maintenance	Office (734) 544-3400	x7213		FSDO-Willow Run Fax (734)487-7222
Marcel Cote	Fax (734) 544-3415			POI-Larry McKillop Office (734)487-7417
	Home (734) 481-9951			PMI-Martha Winnard Office (734)487-7370
	Cell (734) 276-7287			PAI- Timothy Powell Office (734)487-7222
Dispatch Supervisor				Regional Op. Center – Hazmat (817) 222-5006
Joel Munson	Office (734) 544-3400	x7206		Local Rep. Hazmat Office (734)-229-2936/2937
	Fax (734) 544-3421			National Transportation Safety Board (NTSB)
	Home (734) 612-6205			Central Office (303) 373-3500
	Cell (734) 612-6205			
(Hazmat) Consultant				DoD – Air Mobility Command Mission
Tim Shaw	Pager (800) 608-6486			618 th Air Ops Center (618) 229-0360
	Home (734) 439-2475			HQ AMC/A3B (618) 229-4801 or (618) 229-4343
	Cell (734) 904-2934			USTRANSCOM/Duty Officer (618) 402-2369 (618) 229-4801 or 4343
Insurance Adjuster				FBI
Larry Galizi	(815) 356-8811			Ann Arbor Office Working Hours (734) 995-1310 After Hours (313) 965-2323
Chief Pilot	Office (734) 544-3400	x7245		CHEMTREC
Spencer Thomas	Cell (510) 406-4547			Chemical Emergencies (800) 424-9300
				National Response Center (NRC) 24-hour emergencies
				301-816-5100
				Notify in case of spill or release, fraud, abuse (800) 233-3497
				Notify in case of biological hazard (404) 633-5313
				Nuclear Regulatory Commission
				Notify in case of radioactive hazard (800) 424-8802
				U.S. Department of State
				Assistance with international incidents (202) 647-4000
				Transportation Security Admin. (TSA)
				(703) 601-3100/3200

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EMERGENCY RESPONSE MANUAL

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1. PURPOSE

(Ref: IOSA ORG 4.1.1)

- 1.1 The purpose of this manual is to ensure Company personnel are equipped and prepared to respond to an emergency involving persons and/or aircraft.
- 1.2 The procedures contained in this manual are designed to provide an immediate and structured system for the command, control, and coordination of KC emergency response efforts.

2. OBJECTIVES

- 2.1 The four (4) main objectives of this manual are to:
 - 2.1.1 Provide education and awareness, addressing potential events and what managing them effectively may entail, including their risks, ramifications, and response requirements. This includes raising the awareness level of all personnel of the procedures to be followed for specific emergencies;
 - 2.1.2 Ensure emergency response preparation and contingency planning to provide a systematic and flexible plan to quickly mobilize and coordinate personnel;
 - 2.1.3 Direct emergency management activities, which includes, identifying participants, establishing their roles, and guiding their individual efforts and interactions; and
 - 2.1.4 Mitigate damage to ensure any harm incurred is minimized and normal operations are quickly restored.
- 2.2 The priorities below shall serve as a guide for all personnel whenever a conflict arises about the direction of response efforts:

Priority 1 - People
Priority 2 – Property
Priority 3 – Process

3. SCOPE

- 3.1 This manual is designed to assist Company personnel with quick and appropriate responses to an emergency involving:
 - 3.1.1 An aircraft accident or incident, resulting in a serious or fatal injury, and/or substantial aircraft damage;
 - 3.1.2 An in-flight emergency;
 - 3.1.3 An emergency at a KC facility (covered by Appendices E-1 through E-2); and
 - 3.1.4 Conditions which threaten the safety of personnel stationed or traveling abroad.
- 3.2 The three stages of emergency management addressed in this manual are:

Stage 1 - Assessment and Notification
Stage 2 - Resource Mobilization and Coordination
Stage 3 - Recovery and Restoration

EMERGENCY RESPONSE MANUAL

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4. RULES OF CONSTRUCTION

- 4.1 Certain key terms used throughout this manual have specific applications, including:
 - 4.1.1 Words importing the singular include the plural.
 - 4.1.2 Words importing the plural include the singular.
 - 4.1.3 Words importing the masculine gender include the feminine.
 - 4.1.4 “Shall” and “Will” are used to express direct commands and to signal prohibition (shall not, will not) and permission.
 - 4.1.5 “Should” is used to suggest recommended actions.
 - 4.1.6 “May” is used to state authority or permission to do the act prescribed, and the words “no person may...” or “a person may not...” mean that no person is required, authorized, or permitted to do the act prescribed.
 - 4.1.7 “Includes” means “includes, but not limited to”.
 - 4.1.8 “KC” and “Company” means “Kalitta Charters, LLC.”
 - 4.1.9 Where “NTSB” and “FAA” are used, it includes “or foreign equivalent”.

5. MANUAL HIERARCHY

- 5.1 While this manual is designed to serve as a stand alone document, its procedures interface with others, and it may be necessary to refer to the documents listed below to understand related circumstances and actions taken by others:
- 5.1.1 The TSA-approved Security Program (maintained under separate cover), which relates to security issues, including reporting requirements;
 - 5.1.2 The Safety Program/IEP (maintained under separate cover), which includes the actions and resources to maximize occupational safety;
 - 5.1.3 Aircraft Standardization Manuals (ASMs), Operations Manual (OM), or Aircraft Flight Manuals (AFM) which detail crewmember actions in response to a variety of abnormal and emergency situations;
 - 5.1.4 The Operations Manual (OM), which describe the actions necessary in response to aircraft emergencies;
 - 5.1.5 The Dispatch Manual (DM), which describes specific flight following procedures;
 - 5.1.6 The Kalitta Charters Safety Manual (SM), which describes the policies and procedures designed to reduce risk and reporting requirements should accidents or injuries occur; and
 - 5.1.7 The Emergency Action Plan (EAP), which describes the policies and procedures designed to effectively respond in the event of a facility emergency or sabotage/bomb threat.
- 5.2 However, if the policies, procedures or information in this manual conflict with those found in applicable regulations, NTSB/FAA instruction, or other Company manuals, the following hierarchy applies:
- 5.2.1 This manual conflicts with or is less restrictive than applicable regulations or NTSB/FAA instruction, the applicable regulations and/or NTSB/FAA instruction shall apply;
 - 5.2.2 This manual conflicts with or is less restrictive than the applicable OM, the applicable OM shall apply; or
 - 5.2.3 This manual conflicts with another manual (excluding an OM), the OM shall apply first and this manual shall apply second.
- 5.3 Should a situation arise not specifically covered by these manuals, personnel are expected to use their best judgment.

EMERGENCY RESPONSE MANUAL

INTRODUCTION

6. MANUAL LAYOUT

- 6.1 This manual is divided into chapters, sections and sub-sections by subject matter. Each page header includes the document title, chapter title, page number, revision level, and revision date. Each page footer includes "KALITTA CHARTERS, LLC and the page number.
- 6.2 With the exception of chapter organization, chapters, sections, and sub-sections are formatted in a manner consistent with the appearance of Kalitta Charters Manual System.
- 6.3 Line formatting is unique to this manual. Lines are numbered for reference in the checklists contained in Chapter 1.
- 6.4 As a page is revised, the header will change to reflect the latest revision level and revision date. In addition, a revision bar will appear in the left margin where content was added, deleted, or changed. Revision bars from previous revisions are not included with the next revision release of that page.
- 6.5 Revision bars will not be included for changes to TOC page numbers, content pagination, or formatting.
- 6.6 For quick access to information online, this manual may contain hyperlinks to other manual sections and other internal Company documents. Links appear in RED text on digital document formats.
- 6.7 References may appear underneath section headings and may include regulations, guidance documents, and contracts.

7. MANUAL CONTENT

(Ref: IOSA ORG 4.1.3)

- 7.1 The emergency response procedures in this manual are derived from an assessment of potential risks, the basis of which is shown in the equation below.

Probability of Occurrence + Gravity of Consequences = Risk Assessment

- 7.2 Kalitta Charters wants everyone to be able to respond effectively to even the most difficult emergency; however, we recognize that this plan cannot anticipate every possible emergency.

7.2.1 The response efforts detailed in this manual focus on two aspects over which the Company has the most control:

- (a) Taking care of personnel; and
- (b) Managing communications.

- 7.3 In response to the NTSB Federal Family Assistance Plan for Aviation Disasters, Kalitta has established a Family Assistance Plan designed to maximize the care and comfort of victims and their family members.

7.3.1 Refer to Chapter 6 for the KC **Family Assistance Plan**.

- 7.4 Effective communications are managed through a combination of:

7.4.1 **Call scripts**, found in Chapter 2;

7.4.2 **Checklists**, found in Chapter 1;

7.4.3 **Forms**, found in Chapter 9, to preserve information; and

7.4.4 **Training**, detailed in Chapter 3.

- 7.5 Additionally, Appendices A and B (included in this manual) contain key reference information, designed to assist participants in decision-making, as well as, to aid training efforts.

- 7.6 All E appendices included in this manual contain facility-specific Emergency Action Plans (EAPs) or emergency contact information, (as appropriate). The Director of Safety is responsible for ensuring these individual plans are coordinated and contain common elements.

- 7.7 The duties, responsibilities, authorities, and interactions of Company personnel, contained in Chapter 3 and throughout this manual, relate to emergency response procedures only and are in addition to those defined in the OM and elsewhere.

- 7.8 The Director of Safety shall periodically review the contents of this manual to update and refine these procedures when necessary.

EMERGENCY RESPONSE MANUAL

INTRODUCTION

8. REVISION AUTHORITY AND RESPONSIBILITY

(Ref: IOSA ORG 4.1.2)

- 8.1 All Company personnel are encouraged to, and may, request changes to this manual through the formal revision process. Revision requests shall be made using the **Manual Revision Request Form**, found in Chapter 9
- 8.2 The Director of Safety is responsible for the content, approval, and assigned distribution of this manual and associated bulletins.
- 8.3 The Director of Safety and Director of Operations, or designee, are authorized to revise the contents of this manual and associated bulletins.
- 8.4 Manual holders are responsible for maintaining the currency of their assigned manuals and associated bulletins. Upon receipt of each revision, the manual holder shall:
 - 8.4.1 Insert all revised pages and remove and discard all obsolete pages;
 - 8.4.2 Make a notation on the appropriate Revision Record Page
- 8.5 Replacement pages may be requested from the Technical Publications department. If a manual is lost or destroyed, the individual to whom it is assigned may be charged for its replacement.
- 8.6 Refer to the Introduction to the OM for manual revision methodology, approval and acceptance requirements, and document and data control procedures.

9. COPIES FURNISHED TO FAA

- 9.1 Each revision to the policies and procedures contained in this manual, excluding bulletins, will be furnished to the FAA Principal Operations Inspector (POI). These revisions may be assigned by any of the following personnel:
 - 9.1.1 Director of Operations;
 - 9.1.2 General Manager; or
 - 9.1.3 Chief Pilot; or
 - 9.1.4 Director of Safety.

10. ACCESSIBILITY

- 10.1 This manual, and the bulletins described below, are viewable to all affected Company personnel from the Company intranet.

11. BULLETINS

- 11.1 Holders of this manual are issued bulletins as a means of disseminating timely information essential to the safe performance of their emergency response duties.
- 11.2 Bulletins issued to this manual are identified as Emergency Response Bulletins (ERBs).
- 11.3 Manual holders are responsible for placing bulletins in this manual after the Bulletins tab. Bulletins remain in effect until incorporated in the next appropriate manual revision, rescinded or reach their expiration date.

- 11.4 The normal expiration date for bulletins is the last day of the sixth month from the date of issue; however, bulletins can be issued either with an expiration date greater than six (6) months, or with an indefinite expiration date.
- 11.5 A Bulletin Summary will accompany each bulletin issued and/or rescinded and lists all current bulletins for this manual.

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CHAPTER 1: CHECKLISTS

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1. GENERAL

(Ref: IOSA ORG 4.1.12)

1.1 Instructions

1.1.1 The checklists contained in this section are:

(a) To be completed by assigned personnel and submitted to the Director of Safety after the emergency is over, or upon request by the Director of Safety.

1.1.2 The chapters and sections referenced in each checklist provide detailed information and should be used by assigned personnel to clarify instructions and to understand interactions.

1.1.3 No checklist is provided for Family Member Notifier(s). Personnel assigned these duties are tasked solely with notifying next of kin as instructed and for recording communications, as described in this manual.

1.2 Delegation Of Duties

1.2.1 Personnel may delegate some (or all) of the duties assigned.

1.2.2 Delegation of duties is dependent upon the scope of the emergency and availability of personnel.

1.3 Director of Safety and Director of Operations

1.3.1 These positions are assigned shared duties as part of the Emergency Operations Center (EOC) and as part of the Family Assistance Plan.

1.3.2 Coordination between these individuals at the outset of the emergency is critical to effective response.

EMERGENCY RESPONSE MANUAL

CHAPTER 1: CHECKLISTS

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2. CHECKLISTS

2.1 Chief Pilot

TIME FRAME	ACTIONS	DATE	TIME	INITIALS	CHAPTER	SECTION
IMMEDIATE	Contact fuel vendor				4	2.4.3
	Obtain fueling records from the last fuel vendor				4	11.6.1
	Ensure required drug and alcohol testing is performed				4	2.4.5
FIRST HOUR AND ONGOING	Gather records relating to crewmember/ med crew/passenger/patient/supernumerary contact information, including:				4	11.3.1
	• Manual available to crew onboard the aircraft				4	11.4.1(a)
	• Software/data available to crew onboard the aircraft				4	11.4.1(b)
	• Most recent medical exams of all flight crewmembers				4	11.4.1(c)
	• Flight training records of all flight crewmembers				4	11.4.1(d)
	Briefly outline each crewmember's record as a pilot with the company, previous experience, military experience, years in current position, and latest flight check				4	11.5.1
	Verify all documents and records are properly secured				4	11.7.1
Remind personnel not to discuss incident outside the company				4	2.4.4	
ONGOING	Update personnel of known facts regularly (as appropriate)				4	12.3.1
	Provide family Support Services Representative with contact information for next of kin				6	3.2.1
POST-EMERGENCY ACTIVITIES						
	Participate in subsequent NTSB investigations, briefings, and hearings as necessary				4	14.3.1
	Conduct an independent investigation if authorized by the Director of Operations and Legal Representative				4	14.3.2

EMERGENCY RESPONSE MANUAL

CHAPTER 1: CHECKLISTS

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2.2 Director of Maintenance

TIME FRAME	ACTIONS	DATE	TIME	INITIALS	CHAPTER	SECTION
IMMEDIATE	Perform subsequent notifications as indicated in diagram in the bulletins section of this manual				4	2.2.6
	Serve as maintenance liaison to the NTSB and FAA				4	2.5.2
FIRST HOUR AND ONGOING	Brief personnel and ensure managers make necessary changes to their schedules.				4	2.4.2
	Remind personnel not to discuss the incident outside the company				4	2.4.2(a)
	Notify airframe, engine, and avionics manufacturers and obtain contact information				4	4.7.1
	Act as EOC Maintenance Representative				4	8.3.1(f)
	Update personnel of known facts regularly (as appropriate)				4	12.3.1
POST-EMERGENCY ACTIVITIES						
Refer to the Risk Management Representative Checklist						

EMERGENCY RESPONSE MANUAL

CHAPTER 1: CHECKLISTS

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2.3 Director of Operations

TIME FRAME	ACTIONS	DATE	TIME	INITIALS	CHAPTER	SECTION
IMMEDIATE	Initial call may be routed to the Director of Operations. Refer to the Dispatch Supervisor checklist for actions.				4	2.2.1(a)
					4	2.2.3
					4	2.2.4
	Perform subsequent notifications as indicated in diagram				4	2.2.6
	Instruct Dispatch Supervisor how to respond to incoming calls				4	2.3.1
	Ensure required drug and alcohol testing is performed				4	2.4.5
FIRST FEW HOURS AND ONGOING	Act as Company liaison to the NTSB and FAA				4	2.5.1
					4	12.1.2(c)
	Keep communication facility informed of the progress of the flight, if necessary				4	4.2.1
	Assign and brief EOC personnel, as appropriate, including:				4	3.2
	• Legal Representative				4	8.3.1(h)
	• On-Site Response Team Leader				4	8.3.1(i)
					4	13.2.1(a)
					4	14.3.1
	• On-Site Response Team members				4	8.3.1(j)
					4	14.3.1
	Determine if personnel should be sent to the accident/incident site				4	6.1
	Verify each person assigned to the EOC has the resources necessary to carry out his/her duties				4	3.5
						8.1.1
	Ensure a written report is sent to the FAA, if applicable				4	4.2.2
	Ensure On-Site Response Team has funds and other necessary resources				4	13.2.1(b)
Decide whether to continue business-as-usual or stand down some or all operations				4	5.1	
Notify personnel of changes to the business schedule				4	5.3	
Activate the Family Assistance Plan if the accident is categorized as a Crash Scale 1 or if deemed appropriate.				4	7.1	
Assign and brief persons assigned Family Assistance Plan duties				4	7.3	
Verify each person assigned Family Assistance Plan duties has the resources necessary to carry out his/her duties				4	7.5	
Approve information leaving the EOC				4	12.1.6	
				4	12.2.1(d)	
Keep the President informed on a daily basis as to the progress of the investigation				4	2.2.6	

EMERGENCY RESPONSE MANUAL

CHAPTER 1: CHECKLISTS

DIRECTOR OF OPERATIONS CHECKLIST CONTINUED

TIME FRAME	ACTIONS	DATE	TIME	INITIALS	CHAPTER	SECTION
ONGOING	Collect and maintain victim and survivor information				4	11.8.1
	Approve independent investigation if appropriate				4	14.3.2
	Provide EOC personnel with cost codes				4	3.6
	Provide personnel assigned Family Assistance Plan duties with cost codes				4	7.6
	Update personnel of known facts regularly (as appropriate)				4	12.3.1
POST-EMERGENCY ACTIVITIES						
	Ensure continued care of victims and their families				4	14.1.1
	Verify all checklists are complete and close the EOC				4	14.1.3
	Oversee the ongoing review, investigation, and report of the accident				4	14.1.4
	Review the Emergency Response Manual and update information and procedures as necessary in coordination with the Director of Safety				4	14.1.5
	Assign personnel to subsequent NTSB investigations, briefings, and hearings as necessary				4	14.3.1
	Close the EOC and ensure transition back to normal operations				4	14.4.1
	Ensure a detailed debriefing and critique of all emergency response activities				4	14.4.2

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2.4 Dispatch Manager (135)

TIME FRAME	ACTIONS	DATE	TIME	INITIALS	CHAPTER	SECTION
IMMEDIATE	Keep communication facility informed of the progress of the flight, if necessary				4	4.2.1
	Notify HQ AMC/A3B (Director of Operations must approve first)				4	4.4.1
	Notify HQ Command Center (military charters only)				4	4.5.1
	Notify Charter/Med Flight customer of possible incident/accident, if required				4	4.6
FIRST HOUR AND ONGOING	Brief personnel and ensure managers make necessary changes to their schedules.				4	2.4.2
	Remind personnel not to discuss the incident outside the company				4	2.4.2(a)
	Assign and brief personnel assigned Family Assistance Plan duties in coordination with the Director of Operations				4	7.3
	Verify each person assigned to the EOC has the resources necessary to carry out his/her duties				4	3.5 8.1.1
	Provide necessary equipment to EOC personnel, including:				4	8.4.1
	Recorded line telephone				4	8.4.1(a)
					4	12.3.6
	• Computer with internet access				4	8.4.1(b)
	• Fax, copier, printer				4	8.4.1(c)
	• Basic office supplies				4	8.4.1(d)
	• AM/FM Radio				4	8.4.2(a)
	• Television with recording capabilities				4	8.4.2(b)
	• Flip charts, easels, markers				4	8.4.2(c)
	• Bulletin board/tacks				4	8.4.2(d)
	• Atlas or world map				4	8.4.2(e)
	• Airport Facility Directory				4	8.4.2(f)
	• Food and beverage access				4	8.4.2(g)
• Rest facilities				4	8.4.2(h)	
NEXT BUSINESS DAY	Notify the Administrative Contracting Officer if required (military only)				4	4.4.2
ONGOING	Update personnel of known facts regularly (as appropriate)				4	12.3.1

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CHAPTER 1: CHECKLISTS

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2.5 Director of Quality Assurance

TIME FRAME	ACTIONS	DATE	TIME	INITIALS	CHAPTER	SECTION
IMMEDIATE	Perform subsequent notifications as indicated in diagram contained in the bulletins section of this manual, including notifying the FAA				4	2.2.6
	Serve as maintenance/inspection liaison to the NTSB and FAA				4	2.5.2
	Quarantine maintenance/inspection records, including:				4	2.4.6
	All technical manuals and handbooks applicable to the accident or aircraft involved				4	11.2.2
	<ul style="list-style-type: none"> • Manufacturers' maintenance manuals 				4	11.2.2(a)
	<ul style="list-style-type: none"> • All maintenance manuals available to the crew onboard the aircraft 				4	11.2.2(b)
	<ul style="list-style-type: none"> • Irregularity reports for 30 days preceding the accident or incident 				4	11.2.2(c)
	<ul style="list-style-type: none"> • Pre-flight inspection records 				4	11.2.2(d)
	<ul style="list-style-type: none"> • Aircraft log pages 				4	11.2.2(e)
	<ul style="list-style-type: none"> • Maintenance repair sheets 				4	11.2.2(f)
<ul style="list-style-type: none"> • Radio and instrument inventory 				4	11.2.2(g)	
FIRST HOUR AND ONGOING	Brief QA Department personnel and ensure managers make any necessary changes to their workers' schedules.				4	2.4.2
	Remind personnel not to discuss the incident outside the company				4	2.4.2(a)
	Perform notifications as required by 135.415				4	4.6.2
	Act as EOC maintenance/inspection representative				4	8.3.1(f)
	Update QA personnel of known facts regularly (as appropriate)				4	12.3.1
POST-EMERGENCY ACTIVITIES						
Liaison with the NTSB for records reviews						

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2.6 Director of Safety

TIME FRAME	ACTIONS	DATE	TIME	INITIALS	CHAPTER	SECTION
IMMEDIATE	Initial call may be routed to the Director of Safety. Refer to the Dispatch Supervisor (DS) checklist for actions.				4 4 4	2.2.1(a) 2.2.3 2.2.4
	Provide on-site authorities with names from the crewmember/ med crew/ passenger / patient /supernumerary manifest				4	2.2.5
	Perform subsequent notifications as indicated in diagram contained in the bulletins section of this manual				4	2.2.6
	Instruct Dispatch Supervisor how to respond to incoming calls				4	2.3.1
	Determine if an emergency exists and active EOC if required in coordination with the Director of Operations				4 4	2.4.1 3.1
	Act as company liaison to the NTSB and FAA				4 4	2.5.1 12.1.2(c)
FIRST HOUR	Report accident to the NTSB using NTSB Form 6120.1 , found in Chapter 9				4	4.1.1(a)
	Notify pilot representative as appropriate				N/A	N/A
	Report a Crash Scale 1 accident to the NTSB at (202) 314-6290 . <i>See Crash Scale 1 Checklist for additional duties.</i>				4 6	4.1.1(b) 4.5.1
	Notify insurer				4	4.1.1(c)
	Provide the most current crewmember/ med crew/ passenger / patient /supernumerary manifest to the EOC and Chief Pilot				6	4.5.2
FIRST FEW HOURS	Ensure company and customer contractual requirements are met before assigning personnel				6	2.3.3
	Assign and brief EOC and Family Assistance Plan personnel, in coordination with the Director of Operations (as appropriate), including:				4 6	3.2 2.3.1
	• Public Relations Representative				4 6	8.3.1(g) 2.3.1(c)
	• On-Site Response Team Leader				4 4 4 6	8.3.1(i) 13.2.1(a) 14.3.1 2.3.1(g)
	• Family Support Services Representative				6 6	2.1.1 2.3.1(d)
	• On-Site Response Team Members				4 4 6	8.3.1(j) 14.3.1 2.3.1(g)
	• Risk Management Representative				4	8.3.1(k)
	Verify each person assigned to the EOC has a copy of this manual				4	3.4
	Verify each person assigned to the EOC has the resources necessary to carry out his/her duties				4 4	3.5 8.1.1
	Ensure On-Site Response Team has funds and other necessary resources				4	13.2.1(b)

EMERGENCY RESPONSE MANUAL

CHAPTER 1: CHECKLISTS

Director of Safety Continued

TIME FRAME	ACTIONS	DATE	TIME	INITIALS	CHAPTER	SECTION
FIRST FEW HOURS	Determine if personnel should be sent to the accident/incident site				4	6.1
	Activate the Family Assistance Plan if the accident is categorized as a Crash Scale 1.				4 6 6	7.1 1.2.1 2.1.1
	Assign and brief persons assigned Family Assistance Plan duties				4	7.3
	Verify each person assigned Family Assistance Plan duties has a copy of this manual				4	7.4
	Verify each person assigned Family Assistance Plan duties has the resources necessary to carry out his/her duties				4	7.5
	Provide the On-Site Response Team with the On-Site Response Team Kit				4	8.6.3
	Maintain a diary/log of response events				4	12.3.2(b)
	Approve information leaving the EOC in coordination with the Director of Operations				4 4 6	12.1.6 12.2.1(d) 4.6.4
ONGOING	Maintain a status board of EOC activities				4	12.3.2(a)
	Verify On-Site Response Team Members are actively participating in the on-site investigation				4	13.3.18
	Brief senior management and EOC personnel regularly				4	12.3.2(c)
	Develop procedures for and approve the release of personal items and baggage				4 6 6	13.3.12(c) 7.2.1(h) 7.3.1(f)
	Update personnel of known facts regularly				4	12.3.1
POST-EMERGENCY ACTIVITIES						
	Ensure continued care of victims and their families				4	14.1.1
	Provide a secure storage area for at least 18 months for unclaimed baggage and personal items				4 6	14.1.2 5.3.1(g)(ii)
	Verify all checklists are complete and close the EOC				4 6	14.1.3 8.1
	Oversee the ongoing review, investigation, and report of the accident				4	14.1.4
	Review the Emergency Response Manual and update information and procedures as necessary				4 6 6	14.1.5 6.2.1(i) 8.2
	Assign personnel to subsequent NTSB investigations, briefings, and hearings as necessary in coordination with the Director of Operations				4	14.3.1

2.7 Dispatch Supervisor

TIME FRAME	ACTIONS	DATE	TIME	INITIALS	CHAPTER	SECTION
IMMEDIATE AND ONGOING	Take initial report (calls taken during evening shifts should be routed to the Dispatch Supervisor)				4	2.2.3
	Verify and record initial report information on the Aircraft Accident Verification form				4	2.2.3
	Notify management per the Communication Diagram contained in Chapter 4 and the Bulletins section of this manual				4	2.2.3(a) 2.2.6
	Obtain crewmember/ med crew/passenger/patient/supernumerary manifest				4 4	2.2.4(a) 11.1.2(a)
	Forward manifest to the Director of Safety and Director of Operations				4 4	2.2.4(a) 11.1.1
	Notify remaining Dispatch management.				4	2.2.7
	Receive direction from the Director of Safety on how to respond to incoming calls.				4	2.3.1
	Forward the Aircraft Accident Verification form to the Director of Safety and Director of Operations				4	2.2.3
	Receive and route incoming calls or take messages using either the Communication Log Form or the Emergency Message Form.				4 4	2.3.1(a) 12.3.3
	Keep Communication facility informed of the progress of the flight, if applicable				4	4.2.1
	Collect the following information and forward to the Director of Safety and Director of Operations				4	11.1.1
	• Cargo Manifest with any hazardous materials				4	11.1.2(b)
	• Flight Release with weather and DMI listings				4	11.1.2(c)
	• Permit Packet				4	11.1.2(d)
	• Performance data				4	11.1.2(e)
	• Trip Checklist				4	11.1.2(f)
	• Weight and Balance Form				4	11.1.2(g)
	Assign and instruct OCC Representatives				4	8.3.1(e)(i)
Meet with family members who come to the office if human resources personnel are NOT available				4	12.1.8	

The Dispatch Representative(s) will perform other duties as directed by the Dispatch Manager, Director of Operations, or the Director of Safety.

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CHAPTER 1: CHECKLISTS

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2.7 Family Member Liaison

TIME FRAME	ACTIONS	DATE	TIME	INITIALS	CHAPTER	SECTION
IMMEDIATE	Inquire if family members wish to travel to the accident site or hospital				6	5.3.1(a)
	Provide logistical support to family members planning to travel to the incident site or hospital				6	5.3.1(b)
	Inquire if family members desire American Red Cross crisis assistance				6	5.3.1(d)
IMMEDIATE AND ONGOING	Ask family members to have records sent to the Joint Family Support Operations Center (JFSOC) if requested				6	5.3.1(h)
ONGOING	Maintain regular contact with family members				6	5.3.1(c)
	Consult with family members about any company-sponsored monument/inscriptions				6	5.3.1(e)
	Coordinate with the Department of Justice (DOJ), when necessary, and On-Site Response Team Leader to arrange meetings with family members to explain their rights				6	5.3.1(f)
	Arrange for baggage and personal items to be claimed by family members				6	5.3.1(g)
	Inform family members that the company can assist with delivering fatally injured crewmember/ med crew/passenger/patient/supernumeraries to their mortuaries of choice				6	5.3.1(i)
	Ask family members to contact the coroner or medical examiner and assist them in completing the Death Certificate Information Form				6	5.3.1(j)

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2.8 Family Support Services Representative

TIME FRAME	ACTIONS	DATE	TIME	INITIALS	CHAPTER	SECTION
IMMEDIATE	Obtain the latest crewmember/ med crew/passenger/patient/supernumerary manifest from the Dispatch Supervisor (DP)				6	3.1.1
	Obtain contact information for next of kin from the Chief Pilot				6	3.2.1
	Field inquiries from family members and friends of victims				4	12.1.2(b)
FIRST HOUR AND ONGOING	Maintain a diary/log of all plan activities				6	4.7.1
	Coordinate with Director of Safety, Risk Management Representative, and Legal Representative to ensure company/ customer contractual requirements are met				6	2.3.3
	Assign and brief persons for family liaison duties				6	2.3.2
	Remind the Family Member Liaison to accurately and completely document all contact with family members using the Communications Log Form				6	6.2.1(b)
	Provide the Dispatch Supervisor (DP) with a list of persons assigned family liaison duties				6	4.1.1
	Contact the American Red Cross and the Employee Assistance Program provider for assistance with psychological support (if required)				6	2.3.4
	Prepare a duty-roster and time schedule of assigned personnel				6	2.3.5
	Create and maintain hard-copy records by crewmember/ med crew/passenger/patient/supernumerary /passenger/supernumerary name				6	6.2.1(d)(f)
	Monitor the notification process				6	6.2.1(a)
	Brief the Director of Safety and Director of Operations daily on all activities				6	4.7.2
ONGOING	Ensure third-party assistance is available to all personnel in coping with emergency-related depression and stress				6	2.7.1
	Collect and maintain the locations and telephone numbers of all fatally injured victims, survivors, On-Site Response Team members and other key-role personnel on-site and forward updates to the Director of Operations				6	3.3.1
					6	3.3.2
	Document the time needed by each family to contact other family members and communicate with the Public Relations Representative				6	4.2.4
	Routinely verify the accuracy and completeness of all Communications Log Forms				6	6.2.1(c)
	Ensure information sent to hospitals or medical examiners is copied to victim files				6	6.2.1(e)
Monitor employees for signs of stress and refer them as necessary to the American Red Cross				6	6.2.1(g)	
POST-EMERGENCY ACTIVITIES						
	Ensure continued care of victims and their families				4	14.1.1
	Evaluate the effectiveness of the Family Assistance Plan and recommend improvements to the Director of Safety				6	6.2.1(i)

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2.9 On –Site Response Team Leader

TIME FRAME	ACTIONS	DATE	TIME	INITIALS	CHAPTER	SECTION
IMMEDIATE	Serve as company liaison at the scene				4	6.4
	Assign members to On-Site Response Team in coordination with the Director of Safety				4	8.3.1(j)
					4	13.2.1(a)
	Verify On-Site Response Team Kit contents				4	8.6.3(a)
	Instruct On-Site Response Team members on list of items to include in their individual kits				4	13.2.1(d)
					4	13.4.1
Arrange for travel, accommodations, and expenses for On-Site Response Team members				4	13.2.1(c)	
Brief On-Site Response Team members on rendezvous point, travel arrangement, lodging, and facts as known				4	13.2.1(e)	
ONGOING AND POST-EMERGENCY ACTIVITIES	If first on scene, prior to NTSB or FAA, verify emergency response services/law enforcement officials are protecting the site				4	13.3.6
	Identify all On-Site Response Team members to all officials at the scene, remain aware of scene activities, and relay information to On-Site Response Team members				4	13.3.4
	Direct On-Site Response Team members to routinely update the location and conditions of all onboard using the Survivor Condition Form				4	13.3.8
	Document locations and conditions of all crewmember/med crew/passenger/patient/supernumeraries				6	7.2.1(a)
	Forward updated Survivor Conditions Forms to the Director of Safety				4	13.3.9
					6	7.2.1(b)(c)
	Secure a facility, if required, at the arrival airport, where family members can meet and protect them from the media and solicitors				6	7.3.1(c)
	Provide daily update/reports on all activities to the Director of Operations and Director of Safety				4	12.3.4
					6	4.7.2
	Attend initial and daily NTSB briefings				4	13.3.10
	Encourage survivors to undergo a medical examination and post-traumatic stress evaluation and have those who refuse complete and sign the Medical Examination and Treatment Refusal Form				6	7.2.1(g)
	Verify On-Site Response Team Member appointments to various NTSB sub-committees				4	13.3.11
	Ensure all injured survivors receive the best possible care				6	7.2.1(d)
Protect, store, and return baggage and personal items				4	13.3.12	
				6	7.2.1(h)	
				6	7.3.1(f)	
Provide support to non-hospitalized survivors (lodging, travel, communications, etc.				6	7.2.1(e)	

EMERGENCY RESPONSE MANUAL

CHAPTER 1: CHECKLISTS

On-Site Response Team Leader Continued

ONGOING AND POST-EMERGENCY ACTIVITIES	Offer assistance to the coroner, if required, including securing a private area to collect ante mortem information from family members on-site				4 6	13.3.14 7.3.1(d)
	Provide support, when requested, to the JFSOC (space, communications, equipment, etc.)				6	7.3.1(e)
	Request family members of fatally injured victims obtain medical records for identification if requested by the coroner or medical examiner				6	7.2.1(i)
	Log the date and time of transfer of each deceased victim from the coroner to the selected mortuary, using the Victim and Response Participant Locator Form				4 6	13.3.15 7.2.1(j)
	Provide assistance to personnel and agencies involved in the cleanup of toxic spills and hazardous materials				4	13.3.16
	Coordinate with the insurer and Risk Management Representative regarding the movement, storage, and release of wreckage or debris				4	13.3.16
	Assign On-Site Response Team members to act as family member escorts				6	7.3.1(b)
	Provide family members on-site with assistance with lodging, travel, finances, childcare, medical, etc.				6	7.3.1(a)
	Inform family members on-site that the company can assist with delivering fatally injured crewmember/ med crew/passenger/patient/supernumeraries to their mortuaries of choice				6	7.3.1(g)
	Ask family members on-site to contact the coroner or medical examiner and assist them in completing the Death Certificate Information Form				6	7.3.1(h)

2.10 Public Relations Representative

TIME FRAME	ACTIONS	DATE	TIME	INITIALS	CHAPTER	SECTION
IMMEDIATE	Prepare written statement for EOC personnel				4	2.3.1(b) 12.1.1
	Field inquiries from news media				4	12.1.2(a)
	Prepare/approve press releases to news agencies and the company website				6	4.6.1
ONGOING	Approve information leaving the EOC				4	12.1.6 12.2.1(d)
	Update company personnel of known facts regularly				4 6	12.3.1 4.7.3
	Provide updated press releases as necessary				6	4.6.3

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CHAPTER 1: CHECKLISTS

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2.11 Risk Management Representative

TIME FRAME	ACTIONS	DATE	TIME	INITIALS	CHAPTER	SECTION
ONGOING	Keep management informed of activities related to wreckage disposition and environmental cleanup				4	12.3.5
	Direct extensive photography of wreckage and surrounding vicinity				4	13.3.7
	Provide assistance to personnel and agencies involved in the cleanup of toxic spills and hazardous materials				4	13.3.16
	Coordinate with the insurer and Risk Management Representative regarding the movement, storage, and release of wreckage or debris				4	13.3.16
LONG-TERM	Coordinate with insurer and others for the disposition of wreckage released by the NTSB				4	14.2.1
	Confirm destruction of airframe and subsystem data plates if required				4	14.2.2
	Coordinate any quick-settlement provisions with insurer				4	14.2.3

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CHAPTER 2: CALL SCRIPTS

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1. INBOUND CALLS FROM FAMILY MEMBERS AND FRIENDS SCRIPT

1.1 Set The Stage

1.1.1 Callers may be concerned family members. Be polite, helpful, and emphatic.

“Kalitta Charters, my name is _____. How may I help you?”

1.2 Deliver The Message

1.2.1 Use the statement issued by the Public Relations Representative. If a statement has not been released, use the following:

“Flight (number) which originated in (city) was involved in an accident at (or near) the _____ airport.”

“We are currently in the process of verifying our crewmembers/passenger/patient/supernumerary list.”

1.3 Determine The Needs

1.3.1 Determine if the caller is asking about a specific person or requesting general information.

“Is there a particular person that you are calling about?”

“Why do you think that (name of person) was on this flight?”

“Could you please hold while I check to see if we have any information available?”

1.4 If Name Appears On The Manifest

“Thank you for waiting. We are still in the process of confirming our list of crewmembers/passenger/patient/supernumeraries. I can take some information from you and a family assistance representative will contact you as soon as we have information available.”

1.5 If Name Does Not Appear On The Manifest

“Thank you for waiting. That name does not appear on our initial list of persons on board the flight. I can take some information from you, and if the need arises a family assistance representative will be back in touch with you.”

1.6 Verify And Confirm Information

“The person you are calling about is (name) of (address). Your name and phone number are (name and number) and your relationship to that person is (relationship).”

1.7 Conclude The Contact

“I know that this is a difficult time for you. A Kalitta Charters Family Assistance Representative will call you back with current information.”

EMERGENCY RESPONSE MANUAL

CHAPTER 2: CALL SCRIPTS

2. INBOUND CALLS FROM THE GENERAL PUBLIC SCRIPT

2.1 Set The Stage

2.1.1 Callers may be concerned family members. Be polite, helpful and emphatic.

"Kalitta Charters, my name is _____. How may I help you?"

2.2 Deliver The Message

2.2.1 Use the statement issued by the Public Relations Representative. If a statement has not been released, use the following:

"Flight (number) which originated in (city) was involved in an accident at (or near) the _____ airport. We are currently in the process of verifying our crewmembers/passenger/patient/ supernumerary list."

2.3 Determine The Needs

2.3.1 Determine if the caller is asking about a specific person or requesting general information.

"Is there a particular passenger that you are calling about?"

2.3.2 If no:

"As soon as more details are available, we will release the information to the media."

2.4 Conclude The Call.

"Thank you for your call and concern. Have a good day."

2.4.1 If yes:

"Why do you think that (name of person) was on this flight?"

"Could you please hold while I check to see if we have any information available?"

2.5 Name Appears On The Manifest

"Thank you for waiting. We are still in the process of confirming our list of persons onboard. I can take some information from you and a family assistance representative will contact you as soon as we have information available."

2.6 Name Does Not Appear On The Manifest

"Thank you for waiting. That name does not appear on our initial list of persons on board the flight. I can take some information from you and if the need arises a family assistance representative will be back in touch with you."

2.7 Verify And Confirm Information

"The passenger you are calling about is (name) of (residence address only). Your name and phone number are (name and number) and your relationship to the passenger is (relationship)."

2.8 Conclude The Contact

"As soon Kalitta Charters has more information available, we will release it to the family members and the media. Thank you for your concern."

3. INBOUND CALLS FROM THE MEDIA SCRIPT

3.1 Set The Stage

3.1.1 Callers may be concerned family members. Be polite, helpful and emphatic.

“Kalitta Charters, my name is_____. How may I help you?”

3.2 Deliver The Message

3.2.1 Use the statement issued by the Public Relations Representative. If a statement has not been issued, use the following:

“Flight (number) which originated in (city) was involved in an accident at (or near) _____the airport. We are currently in the process of verifying our passenger list.”

3.2.2 If asked for more specific information, respond with the following:

“I am not authorized to make any statements on behalf of Kalitta Charters. The Public Relations Representative would be better prepared to answer your questions. The phone number is_____.”

3.3. Conclude The Contact

“As soon as Kalitta Charters has more information available, we will release it to the family members and the media. Thank you for your concern.”

EMERGENCY RESPONSE MANUAL

CHAPTER 2: CALL SCRIPTS

4. INITIAL NOTIFICATION SCRIPT EXAMPLE 1

4.1 Notice

- 4.1.1 The following is only an example, which may give you some guidance as you prepare to make your first very difficult call to the family of the crew. The words you select to use should come from within you. They need to sound natural, and have a calming effect.

4.2 Script

“Hello, Mrs. Smith? My name is _____, and I work for Kalitta Charters. I am very sorry to tell you that we have confirmed that your ___ was/were on Kalitta Charters Flight (number), which crashed at _____(location). I’m sorry to tell you that it’s also been confirmed that there are no survivors.”

“Do you have family nearby? Will you call them and have them come over? The media will be asking for a copy of the passenger lists very soon. Would you like me to hold off giving the media the names so that you may call other relatives first?”

“Members of the National Transportation Safety Board and the American Red Cross will also be calling. They will also be trying to help you get through this very difficult time.”

“Let me get off the phone and give you a chance to call your family, but I’d like to call you back in the next 30 to 45 minutes. Would that be OK? My name is _____ and I will call you back very soon.”

5. INITIAL NOTIFICATION SCRIPT EXAMPLE 2

5.1 Notice

- 5.1.1 The following is only an example, which may give you some guidance as you prepare to make your first very difficult call to the family of the crew. The words you select to use should come from within you. They need to sound natural, and have a calming effect.

5.2 Script

“Hello, Mrs. Smith? My name is _____, and I work for Kalitta Charters. I’m very sorry to tell you that we have confirmed that your husband/son was/were on Kalitta Charters.”

“Flight (number), which crashed a _____(location). I’m sorry that at this moment we don’t have any word on the status of your husband/son, but we’re trying to get that information as quickly as possible. As soon as we find out their status I’ll let you know.”

“Do you have family nearby? Will you call them and have them come over? Let me get off your phone and give you a chance to call them, but I’d like to call you back in the next 15 to 20 minutes. Would that be OK? My name is _____ and I’ll call you back very soon.”

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CHAPTER 3: ADMINISTRATION

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1. RESPONSIBILITIES

1.1 General

1.1.1 This chapter provides an overview of the areas of responsibility and chain-of-command for personnel assigned duties as part of the Emergency Operations Center (EOC) and Family Assistance Plan. Detailed instructions are contained throughout this manual and in the checklists found in **Chapter 1**.

1.2 Chief Pilot

1.2.1 The Chief Pilot is responsible for:

- (a) Contacting the last FBO/fuel vendor used to fuel the aircraft, when fuel cannot be ruled out as a possible factor, so the fuel vendor can verify fuel is not contaminated and will not jeopardize other aircraft;
- (b) Collecting contact information for family member notifications;
- (c) Verifying the gathering and securing of all documents and records required by this manual;
- (d) Documenting flight crew histories; and
- (e) Participating in investigations and hearings.

1.2.2 The Chief Pilot is responsible to the Director of Operations.

1.3 Director of Maintenance

1.3.1 The Director of Maintenance is primarily responsible for ensuring that all necessary changes to schedules are made, for gathering/maintaining contact information, and for acting as the maintenance liaison to the NTSB (or foreign equivalent) and FAA.

(a) These duties may be delegated to the Director of Quality Assurance.

1.3.2 The Director of Maintenance may act as Risk Management Representative. Refer to the **Risk Management Representative/Director of Maintenance** responsibilities at the end of this section.

1.3.3 The Director of Maintenance is responsible to the General Manager.

1.4 Director of Operations

1.4.1 The Director of Operations is primarily responsible for the overall response effort, including;

- (a) Arranging post accident/incident drug and alcohol testing in accordance with the Drug and Alcohol Program;
- (b) Assigning and briefing personnel;
- (c) Providing resources
- (d) Performing internal and external notifications;
- (e) Developing emergency-specific plans; and
- (f) Evaluating the effectiveness of emergency response.

1.5 Manager of Dispatch (135)

1.5.1 The Manager of Dispatch is primarily responsible for providing resources and performing internal and external notifications.

1.5.2 The Manager of Dispatch is responsible to the Director of Operations.

EMERGENCY RESPONSE MANUAL

CHAPTER 3: ADMINISTRATION

1.6 Director of Quality Assurance

1.6.1 The Director of Quality Assurance is primarily responsible for obtaining/quarantining records and acting as maintenance/inspection liaison to the NTSB (or foreign equivalent) and FAA.

1.6.2 The Director of Quality Assurance is responsible to the General Manager.

1.7 Director of Safety

1.7.1 The Director of Safety is primarily responsible for:

- (a) Determining whether or not to treat a given situation as an emergency;
- (b) Notifying key personnel and agencies as described in this manual;
- (c) Coordinating and directing all Company emergency response activities, including activation of the EOC and implementation of the Family Assistance Plan, and contracting with third parties, as described this manual;
- (d) Ensuring compliance with all applicable Company, FAA, and NTSB policies, guidelines, and regulations;
- (e) Ensuring contact information, contained in the bulletins section of this manual, is accurate and up to date;
- (f) Reviewing this manual and making any changes required to keep procedures up to date;
- (g) Providing necessary resources, as specified in this manual, including equipment, personnel and funds;
- (h) Briefing assigned personnel on a continuing basis;
- (i) Performing internal and external notifications;
- (j) Acting as Company liaison to NTSB (or foreign equivalent) and FAA;
- (k) Developing emergency-specific plans; and
- (l) Ensuring the training requirements contained in this manual are met.

1.7.2 The Director of Safety is responsible to the CEO/President.

1.8 Dispatch Supervisor

1.8.1 The Dispatch Supervisor is primarily responsible for the initial report, verifying information, notifying management, obtaining key information, and fielding incoming calls.

1.8.2 The Dispatch Supervisor reports administratively to the Manager of Dispatch and to both the Director of Safety and Director of Operations for EOC and Family Assistance Plan duties.

1.9 Family Member Liaison

1.9.1 The Family Member Liaison is primarily responsible for coordinating Company and third-party assistance to the family members of victims.

1.9.2 The Family Member Liaison is responsible to the Family Support Services Representative.

1.10 Family Member Notifier

1.10.1 The Family Support Services Representative may assume these responsibilities, appoint individuals, or contract with an outside organization, such as the American Red Cross (ARC).

1.10.2 Family Member Notifier responsibilities include notifying family members of their loved one's involvement in an aircraft accident/incident, providing details to family members as released by the Public Relations Representative, and for connecting family members with their designated Family Member Liaison.

1.10.3 The Family Member Notifier(s) is responsible to the Family Support Services Representative.

1.11 Family Support Services Representative

1.11.1 The Family Support Services Representative is primarily responsible for providing for family members, assigning personnel, and providing for the psychological welfare of family members and personnel involved.

1.11.2 The Family Support Services Representative is responsible to the Director of Safety.

1.12 Legal Representative

1.12.1 The President, General Manager and Director of Operations will evaluate the emergency at hand and determine the appropriate legal representative to be used.

1.12.2 The Legal Representative is responsible for providing legal assistance to all Company personnel involved in emergency response.

(a) The General Manager, Director of Operations and Director of Safety must be able to contact the Legal Representative at all times for the duration of the emergency to facilitate timely legal assistance within the Company, as well as inquiries from outside counsel.

1.12.3 The Legal Representative may wish to contact additional support counsel for FAA actions and aviation law, and EPA action and environmental law.

1.12.4 The Legal Representative is responsible to the President.

1.13 On-Site Response Team Leader

1.13.1 The On-Site Response Team Leader is primarily responsible for the on-site response effort, including:

- (a) Participating in investigations;
- (b) Allocating resources;
- (c) Supporting family members; and
- (d) Communicating with the Company.

1.13.2 The On-Site Response Team Leader is responsible to the Director of Safety.

EMERGENCY RESPONSE MANUAL

CHAPTER 3: ADMINISTRATION

1.14 Public Relations Representative

1.14.1 The Public Relations Representative is primarily responsible for all formal Company statements, including applicable information contained on the Company website.

1.14.2 The Public Relations Representative is responsible to the President.

1.15 Risk Management Representative or Director of Maintenance

1.15.1 The Risk Management Representative is primarily responsible for damage mitigation in conjunction with the insurer, including:

- (a) Coordinating the movement, storage, and release of wreckage or debris with controlling agencies, On-Site Response Team members, and the Company insurer;
- (b) Providing technical and logistical assistance to personnel and agencies involved in the cleanup of toxic spills (i.e., aircraft fuel, hydraulic fluid, battery acid, metals, etc.) and the disposal of hazardous materials; and
- (c) Coordinating any quick-settlement provisions with insurer.

1.15.2 The Risk Management Representative responsible to the General Manager.

1.15.3 The Risk Management Representative may work with a risk management consultant contacted by the Director of Safety.

2. TRAINING

(Ref: IOSA ORG 4.1.13)

2.1 Initial Training

2.1.1 Initial approval of this manual, by senior management, is contingent upon successful completion of a tabletop exercise with all key-role personnel (as described below).

2.2 Annual Training

2.2.1 Training shall be conducted annually for all key-role personnel in the form of a tabletop exercise (as described below).

2.2.2 In addition, all personnel assigned key roles will receive additional annual training on the proper execution of their roles.

2.2.3 Records of annual training results will be maintained by the Director of Safety.

2.3 Additional Training

2.3.1 Refer to Chapter 6, **Family Assistance Plan** for additional topic-specific training requirements.

3. TABLE TOP EXERCISE

(Ref: IOSA ORG 4.1.14)

3.1 Purpose

3.1.1 The Director of Safety shall ensure the Kalitta Charters Emergency Response Manual (ERM) is rehearsed annually in the form of a table top exercise. The purpose of the table top exercise is to familiarize Kalitta Charters personnel with responsibilities, procedures, and the use of checklists that are developed to deal with the different incidents or accidents that may arise. This table top exercise must be performed twice a year, 1 day/1 night drill.

3.1.2 In addition, annual tabletop exercises ensure all training, equipment, and facilities are functional and potentially expose any deficiencies in the Emergency Response Plan.

3.2 Scope

3.2.1 The table top exercise plan will be based on any flight or ground-related incident/accident and will be executed by the applicable departments in a real-time scenario.

3.3 Results

3.3.1 The results of each exercise will be documented along with any corrective actions necessary to correct deficiencies found during the exercise.

4. INTERNAL EVALUATION PROGRAM (IEP)

(Ref: IOSA ORG 4.1.14)

4.1 Tabletop Exercise Results

4.1.1 The Director of Operations is responsible for ensuring that the results of all tabletop exercises are documented and that the documentation is maintained and made available to internal auditors.

4.1.2 The Director of Safety is responsible for ensuring all revisions made to this manual, (as a result of any tabletop exercise) are made through the formal revision process described in the **Introduction** section of this manual.

4.2 Internal Evaluation

4.2.1 The suitability of the contents of this manual, along with (all associated training activities) are periodically assessed through the formal Internal Evaluation Program (IEP), as described in Chapter 12 of the Safety Manual

EMERGENCY RESPONSE MANUAL

CHAPTER 3: ADMINISTRATION

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1. DEFINITIONS

1.1 Aircraft Accident

1.1.1 As defined by the NTSB, an aircraft accident is an occurrence associated with the operation of an aircraft, which takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, in which any person suffers death or serious injury, or in which the aircraft receives substantial damage.

1.2 Aircraft Incident

1.2.1 As defined by the NTSB, an aircraft incident is an occurrence other than an accident, associated with the operation of an aircraft, which affects or could affect the safety of operations.

1.3 Family Member

1.3.1 Today's family often does not have traditional boundaries. Any definition of "family member" will be evaluated on a case-by-case basis, taking into consideration that many individuals consider themselves the family of a victim, even though the law does not formally recognize the relationship. This would be the case for a fiancée or long-time companion.

1.4 Fatal Injury

1.4.1 As defined by the NTSB, a fatal injury is any injury, which results in death within 30 days of an aircraft accident.

1.5 Serious Injury

1.5.1 As defined by the NTSB, a serious injury is one that requires hospitalization for more than 48 hours or includes fracture of a bone, severe hemorrhage, nerve or muscle damage, and/or second or third degree burns.

1.6 Substantial Damage

1.6.1 As defined by the NTSB, substantial damage is any damage or failure, which adversely affects the structural strength, performance, or flight characteristics of the aircraft and which would normally require major repair or replacement of the affected component.

1.7 Crash Scale 1

1.7.1 As defined by the current NTSB Federal Family Assistance Plan for Aviation Disasters, a Crash Scale 1 is an aviation crash that involves 100 or fewer passengers and crew who are either fatalities, or require medical assistance.

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CHAPTER 4: AIRCRAFT ACCIDENTS/INCIDENTS

2. INITIAL NOTIFICATION AND RESPONSE

2.1 Initial Company Notification

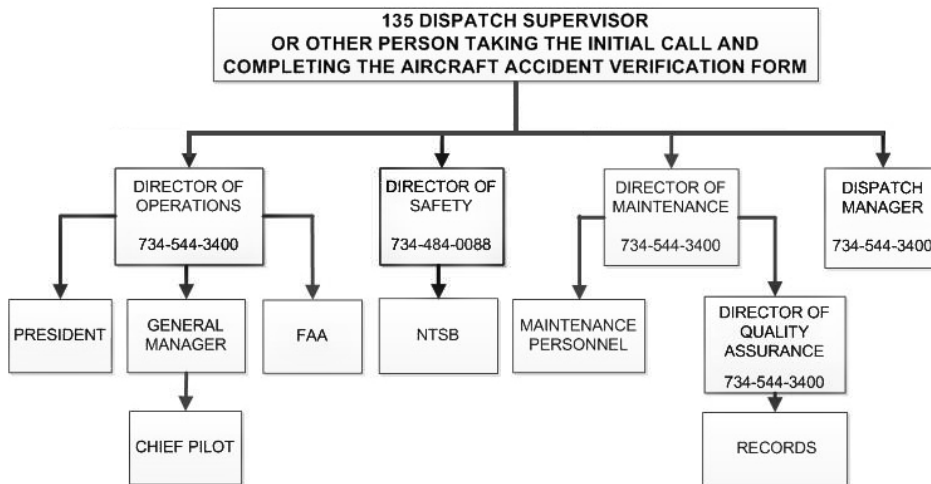
- 2.1.1 How Kalitta Charters is notified of an aircraft emergency depends upon a variety of factors, including:
- (a) Emergency type (threat, incident, accident, injury, death, etc.);
 - (b) Emergency location (airport, in-flight, domestic, international, etc.); and
 - (c) Personnel and equipment involved.
- 2.1.2 If an aircraft emergency occurs at a controlled airport (in-flight or on the ground), FAA control tower personnel typically activate emergency services and should notify Kalitta Charters 135 Dispatch personnel.
- 2.1.3 If the event is external to a controlled airport, an eyewitness may call 911, causing its communications center to dispatch police, fire, and EMS units to the scene, and could result in a delayed notification to the Company.
- 2.1.4 Keep in mind we may receive numerous calls from a variety of sources, including the flight crew, in an attempt either to notify Kalitta Charters of an aircraft accident or incident, or to solicit information about an aircraft emergency.
- 2.1.5 In addition, calls may come in on one of the main business lines to the Operations.

2.2 Initial Company Response

- 2.2.1 How Kalitta Charter's initial responder handles these calls and forwards information is extremely important.
- (a) Calls taken during normal business hours should be routed to either the Director of Operations or Director of Safety.
 - (b) Calls taken during evening shifts should be routed to the Dispatch Supervisor.
 - (c) Refer to the Emergency Action Plan if a call involves threats of sabotage or a bomb threat.
 - (d) Refer to **Chapter 8, Personnel Safety Abroad**, if an incoming call involves conditions threatening the safety of personnel stationed or traveling abroad.
- 2.2.2 The person taking the call begins the internal notification process by forwarding the call as detailed above.
- 2.2.3 The person to whom the call was routed is responsible for confirming the information received by completing the **Aircraft Accident Verification Form**, found in Chapter 9, and for forwarding that completed form immediately to the Director of Safety, the Director of Operations, the Director Maintenance, and the Director of Quality Assurance.
- (a) Refer to the Communication Chart of the following page.
- 2.2.4 The Dispatch Supervisor is responsible for notifying the Dispatch Manager 135 (DM).
- (a) The Dispatch Supervisor (DS) is responsible for immediately obtaining a copy of the crewmember/passenger/patient/supernumerary manifest and forwarding it to the Director of Safety and Director of Operations.

- (b) It is extremely important that information is complete with follow-up telephone numbers. Be as accurate as possible and avoid assumptions.
- 2.2.5 Once notified, the Director of Safety is responsible for contacting on-site authorities for information and names of key personnel (police, hospital(s), coroner, NTSB, FAA, etc.), and for verifying the site is secured.
 - (a) The Director of Safety will also provide on-site authorities with the names of crewmembers/passenger/patient/supernumerary from the latest manifest obtained.
- 2.2.6 The Director of Operations, Director of Safety, and Director of Maintenance are responsible for subsequent notifications as shown in the Communications Chart below:

COMMUNICATIONS CHART



- 2.2.7 Once initial notifications are made, the Dispatch Supervisor should notify remaining Operation personnel, including the Dispatch Manager 135 and Med Flight Coordinator.
- 2.2.8 The Director of Quality Assurance is responsible for quarantining all maintenance records related to the incident/accident.

EMERGENCY RESPONSE MANUAL

CHAPTER 4: AIRCRAFT ACCIDENTS/INCIDENTS

2.3 Company Response To Subsequent Calls

2.3.1 The Director of Safety or the Director of Operations is responsible for instructing the Dispatch Supervisor how to respond to subsequent calls.

- (a) The Dispatch Supervisor is responsible for handling calls as instructed by the Director of Safety or the Director of Operations and for recording calls using the **Communication Log Form** or the **Emergency Message Form**, found in Chapter 9.
 - (i) The Communication Log Form is used to record all incoming and outgoing telephone calls related to the aircraft accident/incident.
 - (ii) The Emergency Message Form is used to record incoming telephone calls referred to persons inside or outside the Company.
- (b) Once the EOC is activated, the Public Relations Representative will provide a written statement.
- (c) There may be legal liability associated with improper or premature statements to individuals outside the Company. Let the Director of Safety and Director of Operations direct communications efforts.

2.4 Subsequent Actions

2.4.1 After obtaining all available information, the Director of Safety is responsible for determining if an emergency exists and, if an emergency does exist, activating the Emergency Operations Center (EOC) with coordination of the Director of Operations.

- (a) Refer to the **Activating the Emergency Operations Center (EOC)** section in this chapter for details.

2.4.2 The Dispatch Manager 135, Director of Maintenance, and Director of Quality Assurance should brief their personnel and ensure their managers make all necessary changes to their schedules (flight, crew scheduling, maintenance planning, etc.).

- (a) The Dispatch Manager 135, Director of Maintenance, and Director of Quality Assurance will remind their personnel not to discuss the incident outside the Company.

2.4.3 The Chief Pilot will immediately contact the fuel vendor, used to fuel the aircraft last, and inform them of the accident so they can verify their fuel is not contaminated and will not jeopardize other aircraft.

2.4.4 The Chief Pilot will remind personnel not to discuss the incident outside the Company.

2.4.5 The Director of Operations is responsible for required drug and alcohol testing of all applicable flight crewmembers in compliance with the Drug and Alcohol Program.

2.4.6 The Director of Quality Assurance will quarantine records as defined in the **Gathering and Securing Information, Maintenance Documents and Records** section of this manual.

2.5 Liaison Responsibilities

2.5.1 The Director of Safety or Director of Operations, or designee, will serve as Company liaison to the NTSB and FAA for all flight operations matters.

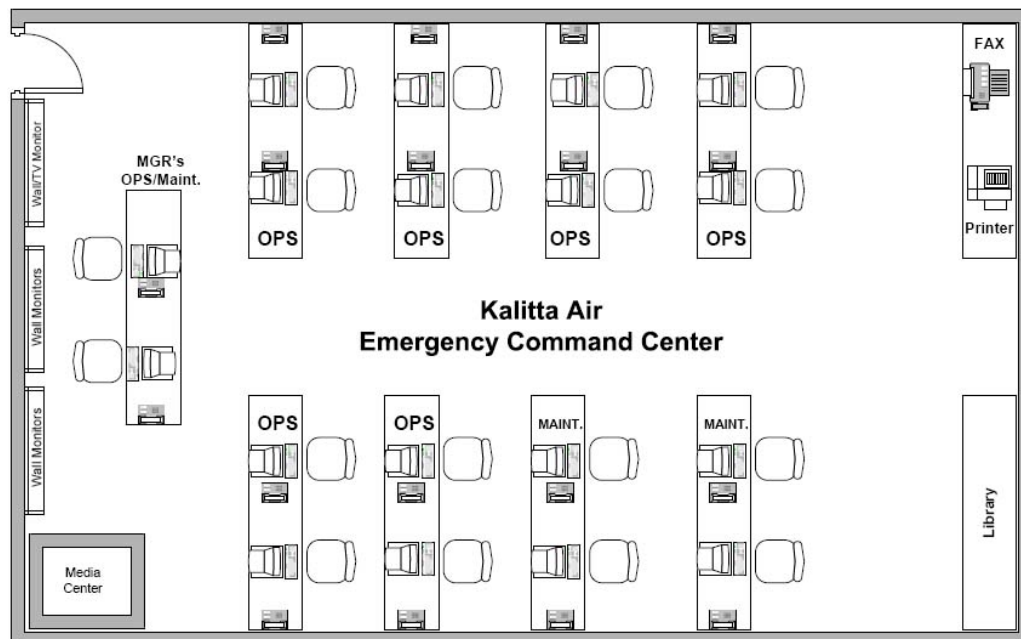
2.5.2 The Director of Maintenance or Director of Quality Assurance, or designee, will serve as maintenance/inspection liaison to the NTSB and FAA for all maintenance issues.

3. ACTIVATING THE EMERGENCY OPERATIONS CENTER (EOC)

(Ref: IOSA ORG 4.1.16, 4.1.17 and 4.1.18)

- 3.1 Once the Director of Safety has determined an emergency exists and has notified the Director of Operations, Director of Maintenance, and Director of Quality Assurance, he will determine if the EOC should be activated.
 - 3.1.1 The Director of Safety may elect to partially, or fully, activate the EOC, depending on the nature and extent of the emergency.
 - 3.1.2 The EOC may be physically located in the KC Engine Turbine building or in the Simulator building (shown below), as determined by the Director of Safety and/or Director of Operations.

A class room on the second floor is designated and includes existing telephones, computers, tables, and desks.



- 3.1.3 If an event is of such magnitude that the training building is not able to be utilized, then arrangements have been made to transfer to the Oscoda maintenance facility. This will be accomplished by air and land travel.
- 3.2 It is the responsibility of the Director of Safety, in conjunction with the Director of Operations and the Dispatch Manager 135 to assign and brief all required EOC personnel as soon as possible.
 - 3.2.1 Refer to the **Personnel** section of the chapter for details.
- 3.3 As a minimum, when the EOC is active, the Director of Safety, an Operations Representative (typically the Dispatch Supervisor) and a Public Relations Representative should be available to each other at all times.
- 3.4 In addition, the Director of Safety, will ensure all personnel assigned to the EOC have a current copy of this manual and know to follow the procedures contained herein.
- 3.5 The Director of Safety and Director of Operations will ensure all personnel assigned to the EOC have the support and resources necessary to carry out their duties effectively.
- 3.6 The Director of Operations is responsible for notifying all EOC personnel of the cost code(s) to assign to all expenses related to the EOC.

EMERGENCY RESPONSE MANUAL

CHAPTER 4: AIRCRAFT ACCIDENTS/INCIDENTS

4. REPORTING REQUIREMENTS

4.1 Aircraft Accident/Incident Reporting (Ref: IOSA ORG 4.1.10)

- 4.1.1 The Director of Safety is tasked with reporting an aircraft accident or incident to appropriate agencies. Reporting requirements are based on the type of flight and type of emergency and include:
- (a) Reporting an aircraft accident or incident to the NTSB using **Form 6120.1**, found in Chapter 9, per the requirements of 49 CFR Part 830 – Notification and Reporting of Aircraft Accidents or Incidents and Overdue Aircraft, and Preservation of Aircraft Wreckage, Mail, Cargo, and Records.
 - (i) Refer to Chapter 6 in the Safety Manual, Event Log section for a complete list of aircraft events reportable to the NTSB, FAA, military, Med Flight and Company.
 - (b) Reporting an aircraft “Crash Scale 1” to the NTSB at **(202) 314-6290** and notifying the Department of State (DOS) per the NTSB Federal Family Assistance Plan for Aviation Disasters, found in **Appendix A**.
 - (i) Refer to **Chapter 6, Family Assistance Plan**, for detailed information.
 - (c) Notifying the insurer of all aircraft accident or incident details as known, including the names of crewmembers/ passengers/patients/med flight/supernumeraries and cargo onboard.

NOTE:

Refer to the AMC Reporting – All Certificate Operations section for additional reporting requirements delegated to the Dispatch Manager 135.

4.2 Emergency Authority Reporting

- 4.2.1 Whenever emergency authority is exercised, the PIC, or appropriate management personnel (Director of Operations, Chief Pilot, the Dispatch Manager 135, Dispatch Supervisor, etc.), shall keep the appropriate communication facility fully informed of the progress of the flight.
- 4.2.2 If a Company employee declared the emergency, he/she shall send a written report of any deviation, through the Director of Operations, to the FAA Administrator within 10 days after the flight is completed or, in the case of operations outside the U.S., upon return to the home base, when applicable.

4.3 Event Log Reporting

- 4.3.1 Crewmembers shall complete and submit an Event Log whenever a reportable event occurs.
- (a) Refer to the OM, Chapter 17, Safety Department – Reporting Issues and Inspections, for information regarding submitting an Event Log.
 - (b) Refer to Chapter 6 in the Safety Manual, Event Log section, for detailed information regarding the Event Log reporting process.
 - (c) The Event Log Form can be accessed online from the Kalitta Charters intranet, “Safety Dept.” page.
- 4.3.2 Refer to the OM, for additional crewmember reporting requirements.

4.4 AMC Reporting – All Certificate Operations

- 4.4.1 When an aircraft is involved in an accident or incident, whether on a DOD mission or not, the Dispatch Manager 135 will notify the contact listed below. Accident information should be provided within the next business day by the most expeditious means available. Fatal or otherwise serious accident information is forwarded to the Commercial Airlift Review Board (CARB) for review in accordance with public law.

HQ AMC/A3B
Scott AFB, Illinois
(618) 229-4801 or 4343

- 4.4.2 The following information is requested by AMC for all accident reports:

- (a) Carrier and trip number;
- (b) Aircraft type and number;
- (c) Date and time of the accident;
- (d) Last point of departure and point of intended landing of the aircraft;
- (e) Nature of the accident and the extent of damage to the aircraft so far as is known;
- (f) Total number of crewmembers passengers on board;
- (g) Number of injured and fatalities aboard the aircraft; and
- (h) Condition of baggage or government-owned material, if any, on board.

NOTE:

Accidents and incidents are defined in 49 CFR, Part 830. Incidents that occur on military charters must be reported in accordance with the following instructions. Since the classification of events can change between the accident and incident definition as additional facts are learned, KC must keep HQ AMC/A3B informed of all mishaps that occur on certificate operations that have the potential to fall into the accident realm.

- 4.4.3 In the event an aircraft operating an AMC mission is illuminated or “spotlighted”, is fired upon in the air or on the ground, or is the recipient of any hostile action (potential or realized), the following steps shall be taken in accordance with the AMC contract:
- (a) The crew shall note the date, time and, approximate area from which the event originated and immediately give that information to the ATC agency.
 - (b) In addition, upon landing at the first airfield or airbase with a US military presence, the crew shall notify the base operations center of the occurrence, complete and submit a Company Event Log, contact the Dispatch Supervisor (so that the Company can fulfill contractual reporting requirements), and contact the Director of Safety.

EMERGENCY RESPONSE MANUAL

CHAPTER 4: AIRCRAFT ACCIDENTS/INCIDENTS

4.5 AMC Reporting – Military Charter Missions

4.5.1 When an aircraft is involved in an accident or incident, in conduct of a military charter mission, the Dispatch Manager 135 will transmit the report information (described in the previous section) by the most expeditious means available to:

**618th Air Operations Center
(Tanker Airlift Control Center)
Scott AFB, Illinois
Telephone (618) 229-0320**

4.5.2 Within the next business day, notification must also be made by the Director of Operations to both the following:

**Administrative Contracting Officer/Chief
International Airlift Management Branch
USTRANSCOM-TCAQ, Scott AFB, IL
Telephone (618) 220-6414**

**HQ AMC/A3B
Scott AFB, Illinois
(618) 229-4801 or 4343**

4.6 Reporting Cargo Loss To Customers

4.6.1 The Dispatch Manager 135 is also responsible for reporting potential/known cargo loss to all customers in accordance with contractual requirements.

4.7 Maintenance/Inspection Reporting

- 4.7.1 The Director of Maintenance should notify airframe, engine, and avionics manufacturers of the aircraft accident or incident, and obtain contact information for future communication.
- 4.7.2 The Director of Quality Control is responsible for submitting Service Difficulty Reports to the FAA in compliance with 14 CFR 135.415.
- (a) Service Difficulty Reports are submitted to the Federal Aviation Administration in the event of a failure, malfunction, or defect of certain aircraft systems/components during flight and are generally of a type which may endanger the safe operation of an aircraft.
 - (b) The Service Difficulty Report must be initiated even if all applicable information is not available. Supplemental reports can then be filed to close the item out.
 - (c) Each report will cover each 24-hour period, beginning at 0900 local time of each day, and ending at 0900 local time of the next day.
 - (d) Each report of occurrences during a 24-hour period shall be submitted within the next 96 hours, except that a report due on Saturday or Sunday may be submitted the following Monday, and a report due on a holiday may be submitted on the next work day.
 - (e) All Service Difficulty Reports (SDR) are submitted to the FAA by completing the submission form on the FAA website: <http://forms.faa.gov/forms/faa8070-1.pdf>. The FAA Inspector (PMI) or (PAI) assigned to KC shall receive a copy of each report submitted.
 - (f) Refer to the Maintenance Manual (MM) for additional information.

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CHAPTER 4: AIRCRAFT ACCIDENTS/INCIDENTS

5. CONDUCTING REGULAR BUSINESS

- 5.1 At the time of the emergency, the Director of Safety and Director of Operations, in conjunction with the General Manager and President, must decide whether to continue business-as-usual, or stand down some, or all, operations.
- 5.2 This decision will depend on the nature and location of the emergency, as well as what operations may be affected.
- 5.3 The Director of Operations is responsible for notifying all affected employees and facilities of changes to the business schedule.

DISPATCHING PERSONNEL TO THE SCENE

- 5.4 The Director of Safety, Director of Operations, General Manager and President and shall determine if Company personnel should be sent to the accident/incident site.
- 5.5 These persons may be dispatched as part of the Emergency Operations Center (EOC) as an On-Site Response Team. If so, team members are tasked with specific investigative duties, which may be limited by the NTSB or foreign equivalent.
 - 5.5.1 All On-Site Response Team members should read **Appendix A, Accident Investigations**, which provides information about the investigation process for domestic and international aircraft accidents and incidents.
- 5.6 These On-Site Response Team members may also be assigned duties as part of the Family Assistance Plan.
 - 5.6.1 Refer to the following section for additional information.
- 5.7 The On-Site Response Team Leader will serve as Company liaison to all third parties at the scene.

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CHAPTER 4: AIRCRAFT ACCIDENTS/INCIDENTS

6. IMPLEMENTING THE FAMILY ASSISTANCE PLAN

- 6.1 Whenever a fatality occurs, a significant numbers of persons receive injuries as the result of an aircraft accident, categorized as a “Crash Scale 1” by the NTSB, or at his discretion, the Director of Safety will implement the Family Assistance Plan.
- 6.2 The plan specifies tasks required of Company personnel in response to the needs of victims and their family members.
- 6.3 It is the responsibility of the Director of Safety, in conjunction with the Director of Operation and the Dispatch Manager 135 to assign all required personnel, and brief them as soon as possible.
- 6.4 The Director of Safety will ensure all personnel, assigned duties under the Family Assistance Plan, have a current copy of this manual and know to follow the procedures it contains.
- 6.5 The Director of Safety and Director of Operations will ensure all personnel assigned duties under the Family Assistance Plan have the support and resources necessary to carry out their duties effectively.
- 6.6 The Director of Operations is responsible for notifying all assigned personnel of the cost code(s) to apply to all expenses related to the Family Assistance Plan.
- 6.7 Refer to [Appendix B, NTSB Federal Family Assistance Plan for Aviation Disasters](#), for additional information.
- 6.8 Refer to [Chapter 6, Family Assistance Plan](#), for detailed information.

7. EMERGENCY OPERATIONS CENTER (EOC) RESOURCES

7.1 General

7.1.1 The Director of Safety, Director of Operations, and the Dispatch Manager 135, are responsible for ensuring necessary resources are available to all personnel assigned to the EOC.

7.2 Contact Information

7.2.1 Third parties should be instructed to use the numbers listed below:

Kalitta Charters, LLC.
843 Willow Run Airport,
Ypsilanti, Michigan 48198
World Wide (734) 544-3400
Fax (734) 544-3421

7.2.2 Family members shall be instructed to use the toll-free number below:

Toll Free (800) 525-4882

7.3 Personnel

7.3.1 Company personnel potentially involved in the EOC include:

- (a) The Director of Safety;
- (b) The Director of Operations;
- (c) The Dispatch Manager 135;
- (d) The Dispatch Supervisor (DS)
- (e) Assigned 135 Dispatch personnel acting as Dispatch Representative(s);
 - (i) The Dispatch Supervisor shall assign and provide instruction to all assigned personnel.
- (f) The Director of Maintenance or Director of Quality Assurance, or designee, acting as the Maintenance Representative;
- (g) The Public Relations Representative, as assigned by the Director of Safety;
- (h) Legal Representative, as assigned by the President or General Manager;
- (i) The On-Site Response Team Leader, as assigned by the Director of Safety and Director of Operations
- (j) The On-Site Response Team, as assigned by the Director of Safety, Director of Operations, and On-Site Response Team Leader;
- (k) The Risk Management Representative, as assigned by the Director or Safety and Director of Operations; and

7.3.2 The Dispatch Manager 135/Supervisor will prepare and post a duty-roster and time schedule for EOC personnel.

EMERGENCY RESPONSE MANUAL

CHAPTER 4: AIRCRAFT ACCIDENTS/INCIDENTS

7.4 Office Equipment/Supplies

7.4.1 The Dispatch Manager 135 will provide the following equipment and supplies to personnel assigned to the EOC:

- (a) Recorded line telephone;
- (b) Computer with internet access;
- (c) Fax, copier, printer; and
- (d) Basic office supplies (notepads, pens, etc.).

7.4.2 In addition, he should make sure the EOC has:

- (a) AM/FM radio;
- (b) Television with commercial or cable /satellite reception and recording capabilities;
- (c) Flip charts, easels, and markers;
- (d) Bulletin board and tacks;
- (e) Atlas and/or maps;
- (f) Airport Facility Directory (including listings for key phone numbers);
- (g) Food and beverage access; and
- (h) Rest facilities.

7.5 Checklists and Forms

7.5.1 The checklists, contained in Chapter 1, provide quick reference to required response actions and direct personnel to forms and applicable manual content.

7.5.2 The flow and actions contained in checklists may not exactly fit the situation at hand and, therefore, are to be used as guides and followed as closely as possible.

7.6 On-Site Response Team Kit

7.6.1 The On-Site Response Team Kit contains basic emergency response equipment required by the On-Site Response Team.

7.6.2 The Safety Department is responsible for maintaining the On-Site Response Team Kit.

7.6.3 The Director of Safety is Responsible for providing the On-Site Response Team Leader with the kit.

- (a) The On-Site Response Team Leader is responsible for verifying kit contents, prior to dispatch, and for ensuring the kit arrives on-site.
- (b) The Safety Department is responsible for inspecting kit contents quarterly and restocking items as necessary. Refer to the inventory list on the following page.

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ITEM	QUANTITY
2 cell D-type flashlights	3 ea
4 cell packs alkaline D-cell batteries (verify dates)	3 ea
3 or 5-watt citizens band walkie-talkies	Optional
Sets of alkaline batteries for each walkie-talkie (verify dates)	Optional
Umbrella (no Company logos)	2 ea
Digital camera with charger and data transfer cable	1 ea
Disposable cameras (verify dates)	6 rolls
Micro-cassette recorder with tapes	1 ea
Sets of batteries for recorder (verify dates)	2 ea
First aid kit	1 ea
Steno pads	6 ea
#2 pencils (sharpened)	1 box
Ball-point pen (blue)	1 box
Blood borne pathogens protection kits	6 ea
Current copy of this manual	1 ea
Company laptop computer with charger and data transfer cable	1 ea

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11. GATHERING AND SECURING INFORMATION

11.1. Flight Records

11.1.1. Whenever an aircraft accident/incident is reported, the Dispatch Supervisor shall immediately obtain accurate key flight information and forward that information in a timely manner to the Director of Safety and Director of Operations. Copies will be marked as such, and time received noted on the document.

11.1.2. Key information includes:

- (a) A crew/passenger/patient/med flight/supernumerary manifest;
- (b) A cargo manifest, including any hazardous materials onboard;
- (c) A copy of the flight release/flight plan, including weather and DMI listings;
- (d) A copy of the Permit Packet (Refer to the Dispatch Manual (DM) for details);
- (e) A copy of the performance data used;
- (f) A copy of the Trip Checklist used;
- (g) A copy of the fuel slip; and
- (h) A copy of the Weight and Balance Form.

11.2. Maintenance Documents and Records

11.2.1. Concurrently, NTSB/FAA officials may request that all documents and records pertaining to the aircraft be secured.

11.2.2. The Director of Quality Assurance is responsible for ensuring all such documents and records are gathered and secured (under lock-and-key), including:

- (a) All technical manuals and handbooks applicable to the accident or aircraft involved;
- (b) Manufacturers' maintenance manuals;
- (c) All maintenance manuals available to the crew onboard the aircraft;
- (d) Irregularity reports for 30 days preceding the accident or incident;
- (e) Pre-flight inspection records;
- (f) Aircraft log pages;
- (g) Maintenance repair sheets; and
- (h) Radio and instrument inventory (list of components, when installed and last checked).

11.3. Human Resource Records

11.3.1. The Chief Pilot and Manager of Human Resources shall gather and make available any records relating to crewmember/supernumerary contact information, including next of kin, which can be legally released.

11.4. Flight Department Documents and Records

- 11.4.1. The Chief Pilot should gather and make available any documents and records relating to flight operations, including:
- (a) All flight operations manuals available to the crew onboard the aircraft;
 - (b) All software and data available to the crew onboard the aircraft;
 - (c) Most recent medical exams of all flight crewmembers; and
 - (d) Flight training records for all flight crewmembers.

11.5. Flight Crew Histories

- 11.5.1. The Chief Pilot should briefly outline each crewmember's record as a pilot with the Company, previous experience, military experience, years in his/her current position, and latest flight check.

11.6. MedFlight

- 11.6.1. Program Director will contact the Associate Program Director upon being contacted by the Communication Center in the event of an emergency. At this time the Program Director may delegate help in contacting the following individuals: Kalitta MedFlight Adult Medical Director, Neonatal/Pediatric Medical Director, Chief Flight Nurse and MedFlight Risk Manager. These steps are extremely important and should occur immediately.
- 11.6.2. The Program Director, Associate Program Director, Chief Flight Nurse and MedFlight Risk Manager will proceed to either the Emergency Operations Center or to the MedFlight Department to further assist in carrying out their assigned duties.
- 11.6.3. The Program Director, Associate Program Director, Chief Flight Nurse and MedFlight Risk Manager will work collaboratively to collect all pertinent patient care records, including most recent available History & Physical exam (H&P), MedFlight Medical History Form or any other available patient information. Once all necessary patient information is gathered, it should be coordinated with responding EMS/Fire Rescue and/or the receiving facility for continuity of patient care.
- 11.6.4. The Program Director or designee will need to notify the receiving facility that was pre-arranged for patient admission prior to the aircraft accident/incident. Only necessary information should be shared with outside facilities. For Example, The patient has been diverted to another facility and they should no longer expect this patient admission.
- 11.6.5. The Program Director or designee will notify the Kalitta MedFlight customer who arranged for transport of the patient, and provide them with the current status of the patient.
- 11.6.6. The Program Director or Associate Program Director will work together with Human Resources in making the necessary calls to notify the patient's next of kin, if applicable.
- 11.6.7. The Program Director will assign the Chief Flight Nurse or designee to complete all required paperwork concerning the patient per Kalitta MedFlight Protocol. The patient's paperwork can be found on the MedFlight Google site in the Document Warehouse under Transport Paperwork.

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11.6.8. The Program Director, Associate Program Director along with the Chief Flight Nurse and MedFlight Risk Manager will compile and coordinate with the Director of Safety & Flight Standards all applicable company paperwork.

11.6.9. The MedFlight Administrative team comprising of the Program Director, Associate Program Director, Adult Medical Director, Neonatal/Pediatric Medical Director, Chief Flight Nurse and MedFlight Risk Manager will review the Emergency Response Program on an annual basis. All policies and procedures will be reviewed and revised as needed. Accidents/Incidents will also be reviewed at our Company QM Meetings and followed to loop closure.

11.7. Fuel Records

11.7.1. The Chief Pilot should obtain fueling records from the last fuel vendor used to fuel the aircraft.

11.8. Document and Records Verification

11.8.1. The Chief Pilot should verify all documents and records are properly secured.

11.9. Contact Information

11.9.1. The Director of Operations should, on a continuing basis, collect and maintain the locations and telephone numbers of all fatally injured victims, survivors, on-site response personnel, and other key-role personnel on-site from the Director of Safety, the Family Support Services Representative, and EOC personnel.

12. EMERGENCY OPERATIONS CENTER (EOC) COMMUNICATIONS

12.1. Receiving and Routing Calls

- 12.1.1. In addition to the call scripts found in **Chapter 2**, the Public Relations Representative should brief EOC personnel, as soon as possible, on how to respond to incoming calls via a written statement.
- 12.1.2. Incoming calls should be routed as follows:
 - (a) News inquiries are routed to the Public Relations Representative;
 - (b) Inquiries from family members and friends of victims are routed to the Family Support Services Representative or individual(s) designed by the Family Support Services Representative;
 - (i) Refer to **Chapter 6, Family Assistance Plan**, for additional information.
 - (c) NTSB, FAA, or other agency calls are routed to the Director of Safety or Director of Operations.
- 12.1.3. All telephone communications should be held on recorded Dispatch lines and all information recorded on the **Communications Log Form**, found in Chapter 9.
- 12.1.4. Routing calls properly is a critical function. Misinformation can hurt Kalitta Charters, the crew/passengers/patient/med flight and their families, and potentially have legal implications.
- 12.1.5. If EOC personnel are unable to route a calls as specified above, they should take accurate messages using the **Emergency Message Form**, found in Chapter 9, and forward those messages in a timely manner.
 - (a) EOC personnel should **NOT** discuss with anyone (inside or outside the Company) the nature of any calls received and/or messages taken.
- 12.1.6. Under no circumstances, should EOC personnel release details of the emergency to any third party without prior authorization from the Director of Safety, Director of Operations, or Public Relations Representative.
- 12.1.7. Communications sent and received by any other means (which may include email, SMS, text message, VOIP (such as Skype) or a social networking site) should be printed, if possible, or recorded on the Communications Log Form.
- 12.1.8. Family members may come to the office. If this occurs, any available human resources representative should immediately meet with them. If no human resources personnel are available, the Dispatch Supervisor will meet with them.
 - (a) The utmost compassion should be exercised; however, it is inappropriate to permit family member's access to the EOC.

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12.2. Press Releases and Updates

12.2.1. The Publications Relations Representative is responsible for:

- (a) Ensuring that all written and oral communications are factual and represent the Company's position fairly, completely, and in compliance with any NTSB or other controlling agency restrictions.
- (b) Developing and implementing a communications strategy that is unique to the situation will help to ensure the Company and public are briefed frequently on the latest developments.
 - (i) This includes preparing specific communication methods and model scripts, which utilize multiple channels of communication (i.e., news media, Company memos, email, internet, intranet, etc.).
- (c) Continuing to monitor the situation as it develops, and providing updates as necessary to the media, the Company, and other outside agencies as required.
- (d) Ensuring that no information leaves the EOC until approved by the Director of Safety or Director of Operations.

12.3. Internal and On-Site Status Reports

12.3.1. Communication among all key-role personnel is crucial to effective emergency response. In addition to the specific reporting requirements detailed in this manual, and contained in the checklists found in **Chapter 1**, top management, in conjunction with the Public Relations Representative, should regularly update all personnel of known facts.

12.3.2. The Director of Safety is responsible for:

- (a) Maintaining a status board, visible to all EOC personnel, of all EOC activities;
- (b) Maintaining a diary/log of all response events; and
- (c) Briefing senior management and EOC personnel on a regular basis of emergency response activities.

12.3.3. The Dispatch Representative, or Dispatch Supervisor, is responsible for completing the **Communications Log Form** found in Chapter 9, for ensuring all communications are recorded properly, and for ensuring information is available to other EOC personnel.

12.3.4. The On-Site Response Team Leader is responsible for providing daily updates/reports to the Director of Safety and Director of Operations on all activities.

12.3.5. The Risk Management Representative is responsible for keeping Director of Safety and Legal Representative informed of all activities related to wreckage disposition and environmental cleanup.

12.3.6. The Dispatch Manager 135 is responsible for arranging for additional telephone lines required to handle the emergency, including the recording of those lines as necessary.

13. THE ON-SITE RESPONSE TEAM

13.1. Purpose

- 13.1.1. The purpose of the On-Site Response Team is to represent Company interests at the accident site, work to protect Company assets, including personnel onboard, aircraft, equipment, and cargo, and report to management on the status of all on-site activities.
- 13.1.2. Refer to **Appendix A, Accident Investigations**, for an overview of the investigation process for both domestic and international aircraft accidents.
 - (a) Strict limits are placed on Company personnel participating in an investigation with regard to release of information and access to the accident site.

13.2. Pre-Dispatch Activities

- 13.2.1. Whenever the Director of Safety and Director of Operations, in conjunction with top management, decide to send an On-Site Response Team to the site of an aircraft accident/incident, the following activities will take place prior to dispatch:
 - (a) The Director of Safety, in conjunction with the Director of Operations and President, will appoint an On-Site Response Team Leader and, with his/her assistance, select additional team members based on each individual's position, experience, language and interpersonal skills, aircraft technical knowledge, etc., along with currency of vaccination/immunization and passport records;
 - (b) The Director of Safety, in conjunction with the Director of Operations, General Manager and President, will ensure On-Site Response Team members have the funds and other resources necessary to perform all on-site activities, including those related to the Family Assistance Plan, found in **Chapter 6**.
 - (c) The On-Site Response Team Leader will arrange for the travel, accommodations and expenses (including necessary cash advances) for all team members in conjunction with travel and finance personnel.
 - (d) The On-Site Response Team Leader will verify the contents of the Emergency Response Kit and instruct team members to prepare a list of items to include in their individual response kits, including, appropriate clothing, Personal Protection Equipment (PPE), documents and certificates, and basic first aid items (refer to the **Individual Equipment Recommendations** section in this chapter).
 - (e) The On-Site Response Team Leader will ensure team members are briefed on the on-site rendezvous point, travel arrangements, lodging, and the facts of the accident/incident as currently known.

13.3. On-Site Activities

- 13.3.1. Typically, local emergency response services will reach the scene of the accident long before the Company On-Site Response Team arrives. Injured parties will have been sent to a local hospital(s) and, if the accident results in fatalities, a medical examiner, or coroner, will have been dispatched.
- 13.3.2. In addition, emergency response services will have set up a security zone (much like a crime scene barrier) around the accident site to prevent unauthorized entry. Wreckage will not be moved without authorization from an NTSB investigator (in the U.S.), except to access injured parties.
- 13.3.3. The NTSB (or equivalent) investigation cannot begin before the NTSB investigation team arrives, the interim NTSB representative has discretionary authority to move the wreckage if immediate action is needed.

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- 13.3.4. When the On-Site Response Team arrives, the On-Site Response Team Leader should identify all team members to all officials at the scene, stay fully aware of all activities at the scene, and relay current information to team members, the Director of Safety, and the Public Relations Representative.
- 13.3.5. As much as is reasonably possible (to preclude communication failure), all communications between the Company and the On-Site Response Team should remain between the Director of Safety (or his designee) and the On-Site Response Team Leader (or his designee). In cases where this is impractical, or counterproductive, the Director of Safety and the On-Site Response Team Leader should be informed of the content of communications with others.
- 13.3.6. If the On-Site Response Team arrives at the scene prior to the NTSB or FAA, the On-Site Response Team Leader should verify emergency response services/local law enforcement officials are protecting the accident site from unauthorized access.
- 13.3.7. If appropriate, the Risk Management Representative, will direct extensive photography of the aircraft wreckage, including the aircraft interior, the aircraft exterior, and the surrounding vicinity.
- 13.3.8. The On-Site Response Team Leader will direct team members to document and routinely update the locations and conditions of all crewmembers/passenger/patient/med flight/supernumeraries onboard using the **Survivor Condition Form**, found in Chapter 9.
- 13.3.9. The On-Site Response Team Leader will forward the Survivor Condition Form with each update to the Director of Safety, Director of Operations, and Family Support Services Representative.
- 13.3.10. The On-Site Team Leader will attend initial and daily NTSB, or other controlling agency, investigation briefings.
- 13.3.11. In addition, the On-Site Team Leader will verify team member appointments to various NTSB, or other controlling agency, sub-committees.
- 13.3.12. The On-Site Team Leader is responsible for all matters relating to baggage salvage, including protection, storage, and returning baggage to victims or their family members.
 - (a) The On-Site Response Team Leader should pay particular attention to the security of loose carry-on items and personal effects found at the scene. These items may be very valuable and can be easily stolen. The coroner's office will collect and retain all personal effects on/near a deceased victim.
 - (b) The On-Site Response Team Leader should collect and inventory any other items found at the accident scene; place them in bags or envelopes and lock them in a secure location.
 - (c) The On-Site Response Team Leader should release baggage and personal effects to the victims or their family members only with satisfactory proof of ownership and approval from controlling authorities and the Director of Safety.
- 13.3.13. The coroner or medical examiner has complete jurisdiction over any fatally injured victims and their personal effects until identifications are made, death certificates are signed, and victims are released to mortuaries.
 - (a) The FBI may have authority over baggage and personal items if the accident or incident is the suspected result of a crime.

- 13.3.14. In the event of fatalities, the On-Site Team Leader should contact the coroner or medical examiner and offer the Company's assistance.
 - 13.3.15. Also, the On-Site Response Team Leader should log the date and time of transfer of each deceased victim from the coroner to the selected mortuary, using the **Victim and Response Participant Locator Form**, found in Chapter 9.
 - 13.3.16. The Risk Management Representative, On-Site Response Team Leader, and insurer, are responsible for the movement, storage, and release of wreckage or debris, and for providing technical and logistical assistance to personnel and agencies involved in the cleanup of toxic spills (i.e., aircraft fuel, hydraulic fluid, battery acid, metals, etc.) and the disposal of hazardous materials.
 - 13.3.17. Refer to the Family Assistance Plan, found in **Chapter 6**, for additional On-Site Response Team responsibilities.
 - 13.3.18. The Director of Safety will verify that On-Site Response Team members are continually participating in the official investigation.
- 13.4. Individual Equipment Recommendations
- 13.4.1. The On-Site Team Leader is responsible for developing a list of recommended items for all team members to have in their individual response kits.
 - 13.4.2. Contents will vary based on the type and location of the emergency, but may include:
 - (a) Summer or winter weight clothing;
 - (b) Rain suit;
 - (c) Steel-toe work boots;
 - (d) Work gloves;
 - (e) Latex gloves;
 - (f) Eye protection;
 - (g) Face protection (Dust masks, etc.);
 - (h) Cellular telephone (Satellite telephone);
 - (i) Flashlight/extra batteries;
 - (j) Maps of the region and accident site;
 - (k) Company credit card;
 - (l) Personal and Company identification;
 - (m) Passport; and/or
 - (n) Certificate of vaccination – CDC 731.

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14. POST-EMERGENCY ACTIVITIES

(Ref: IOSA ORG 4.1.4 and 4.1.15)

14.1. Director of Safety Responsibilities

- 14.1.1. The Director of Safety, in conjunction with the Director of Operations and Family Support Services Representative will ensure the continued care of victims and their family members.
- 14.1.2. The Director of Safety will provide a secure storage area for no less than 18 months for unclaimed baggage and personal items.
- 14.1.3. The Director of Safety, in conjunction with the Director of Operations, will oversee the Company's ongoing review, investigation, and report of the accident.
- 14.1.4. The Director of Safety, in conjunction with the Director of Operations, will review the procedures maintained in this manual and assess response effectiveness, revising manual content as required.

14.2. Risk Management Representative Responsibilities

- 14.2.1. On a long-term basis, the Risk Management Representative, in conjunction with the insurer and others, as appropriate, will coordinate the disposition of the wreckage released by the NTSB or agency in charge.
- 14.2.2. If the aircraft is determined to be "destroyed", the Risk Management Representative will confirm the destruction of the airframe and subsystem data plates (to prevent their future use any subsequent liability).
- 14.2.3. In addition, the Risk Management Representative will coordinate any quick-settlement provisions with insurer.

14.3. Chief Pilot Responsibilities

- 14.3.1. The Chief Pilot, in addition to others as assigned by the Director of Safety and Director of Operations, will participate in initial NTSB investigations and briefings, and attend NTSB Accident Investigation hearings, briefing senior management on all activities.
 - (a) As a result, the Chief Pilot may, with the approval of the Director of Operations and the Legal Representative, elect to perform an independent investigation, briefing senior management on all findings.
 - (b) Care must be taken not to breach NTSB regulations concerning independent investigations during an active NTSB investigation.

14.4. Director of Operations Responsibilities

- 14.4.1. While the care for victims and their family members may be ongoing, once all other EOC activities have ended, the Director of Operations will verify that all checklists are complete, close the EOC, and ensure the transition back to normal operations.
- 14.4.2. In addition, the Director of Operations will ensure that a detailed debriefing and critique of all emergency response activities is conducted and documented.

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1. GENERAL

1.1 Purpose

1.1.1 This chapter references the procedures necessary to ensure effective response to an in-flight emergency.

1.2 Scope

1.2.1 In-flight emergencies, including the procedures to be followed, are contained applicable Operations Manual (OM), Standardization Manual (SM), Quick Reference Handbooks (QRH), and include:

- (a) Smoke/Fire in cabin;
- (b) Loss of cabin pressure;
- (c) Air contamination inside the cockpit;
- (d) Medical emergencies;
- (e) Navigation abnormalities/failures;
- (f) Engine failures/Fire;
- (g) Dumping fuel;
- (h) Overweight landings;
- (i) Ditching/Emergency landings;
- (j) Interceptions;
- (k) Hijackings/Terrorist attacks; and
- (l) Bomb threats.

1.2.2 Depending upon the nature of the in-flight emergency, certain procedures contained in Chapters 4 and 6 may need to be followed.

- (a) For example, if the in-flight emergency mandates landing away from any base of operations, an On-Site Response Team may be dispatched as part of the Emergency Operations Center (EOC), as described in Chapter 4.

1.2.3 Refer to the Emergency Action Plan for procedures to follow in the event threats of sabotage/bomb are received.

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CHAPTER 5: EMERGENCY OPERATIONS CENTER

2. COMMUNICATION

- 2.1 Instructions for flight crew communication of in-flight emergencies are contained in the OM.
- 2.2 Should conditions change while en-route, to the extent the flight cannot be carried out in accordance with the planned flight, the individual first learning of the changed conditions shall immediately contact the Dispatcher and/or the Pilot-In-Command (PIC).
- 2.3 It is the responsibility of both the Dispatcher and PIC to ensure the other is properly informed and to amend the Flight Release in accordance with the decision of the PIC.
 - 2.3.1 Refer to the Dispatch Manual (DM) for flight release amendment/re-issue instructions.
- 2.4 Should other Company personnel become aware of an emergency involving a Company aircraft, they shall contact the Director of Operations, Dispatch Manager, or Director of Safety immediately so that emergency response procedures are activated in accordance with this manual.
- 2.5 Dispatch Center personnel, discovering or being made aware of an emergency situation involving a Company aircraft, shall implement immediate emergency response by notifying persons in accordance with the **Communication Chart**, found in Chapter 4 and in the bulletins section of this manual.

3. EMERGENCY RESCUE CARDS

- 3.1 Emergency rescue cards for both the Lear Jet series and Falcon 20 have been issued to emergency response personnel located at our primary-use airports.
- 3.2 These cards provide emergency response personnel with the following information:
 - 3.2.1 Main access doors and their operation;
 - 3.2.2 Seating configurations;
 - 3.2.3 Locations of batteries, portable fire extinguishers, oxygen cylinders, and ELTs;
 - 3.2.4 Standard cargo, Passenger, Patient configurations ;
 - 3.2.5 Fire bottle activation procedures; and
 - 3.2.6 Engine cut-off procedures.
- 3.3 Copies of both emergency rescue cards can be found in **Chapter 9, Forms**, and may be useful to Company personnel when communicating with airport officials about preparations for an emergency landing.

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1. OVERVIEW

1.1 Purpose

- 1.1.1 The NTSB Federal Family Assistance Plan for Aviation Disasters was developed in response to the Aviation Disaster Family Assistance Act of 1996, and provides the framework for Kalitta Charter's Family Assistance Plan.
- 1.1.2 The purpose of this plan is to provide an effective and coordinated response by Company personnel in addressing the needs of victims and their families.
- 1.1.3 All personnel assigned activities under this plan must recognize the range of their responsibilities and become familiar with the various organizations potentially involved, by reading the **NTSB Federal Family Assistance Plan for Aviation Disasters** found in Appendix B.

1.2 Scope

- 1.2.1 Whenever a fatality occurs, and/or a significant numbers of persons receive injuries as the result of an aircraft accident categorized as a "Crash Scale 1" by the NTSB, or at his discretion, the Director of Safety will implement this Family Assistance Plan.

1.3 Confidentiality

- 1.3.1 Information provided by family members and victims through discussions, interviews, counseling, or any other form of exchange, will remain confidential.

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CHAPTER 6: FAMILY ASSISTANCE PLAN

2. RESOURCES

2.1 General

- 2.1.1 The Director of Safety will determine if the Family Assistance Plan should be implemented, and if so, will appoint an individual as the Family Support Services Representative.
- 2.1.2 It is important to point out that many of the activities detailed in this plan may take place in an order other than listed. And, depending upon the situation, certain activities may not be necessary, while others may increase in scope. Therefore, the effective execution of this plan will be the result of immediate and collaborative preparations by the Director of Safety, Director of Operations, Family Support Services Representative, and On-Site Response Team Leader.
- (a) These preparations involve determining what parts of this plan to implement and what resources (personnel, funds, equipment, etc.) will be required to ensure plan responsiveness.
- 2.1.3 As information becomes available in the hours and days following an aircraft accident, the resources necessary for effective plan implementation may change. Therefore, constant communication and continuous plan evaluation among all plan participants is vital.

2.2 Contact Information

- 2.2.1 Refer to Chapter 4, Emergency Operations Center (EOC) Resources, **Contact Information**, for the location and contact numbers for the Emergency Operations Center (EOC).

2.3 Personnel

- 2.3.1 Company personnel potentially involved in the Family Assistance Plan include:
- (a) The Director of Safety;
- (b) The Director of Operations;
- (c) The Public Relations Representative, as assigned by the General Manager and Director of Operations;
- (d) The Family Support Services Representative, as assigned by the General Manager and Director of Operations;
- (e) The Family Member Notifier, as assigned by the Family Services Support Representative;
- (f) The Family Member Liaison, as assigned by the Family Services Support Representative; and
- (g) The On-Site Response Team, as assigned by the Director of Safety and Director of Operations.

- 2.3.2 Depending upon the situation, the Family Support Services Representative may perform family member notifications and family liaison activities, or assign additional personnel. Furthermore, it may be necessary to contract with outside agencies, such as the American Red Cross (ARC), or work with individuals assigned by customers.
 - 2.3.3 The Family Support Services Representative must coordinate with the Director of Safety, the Risk Management Representative, and the Legal Representative to ensure Company and customer contractual requirements in dealing with personnel involved with emergency response support, are met prior to assigning personnel.
 - 2.3.4 In addition, the Family Support Services Representative should establish contact with the American Red Cross (ARC) and the Employee Assistance Program provider to secure future assistance with psychological support for Family Assistance Plan personnel.
 - 2.3.5 The Family Support Services Representative, in conjunction with department management, will prepare a duty roster and time schedule for assigned personnel and post it in the EOC.
- 2.4 Equipment and Supplies
- 2.4.1 Assigned personnel, operating on-site and out of the EOC, will use equipment and supplies provided by the Dispatch Manager 135, as described in **Chapter 4**.
- 2.5 Call Scripts
- 2.5.1 The Call Scripts, found in **Chapter 2**, are tools used by Family Member Notifiers to gather and communicate specific event-related information.
- 2.6 Checklists and Forms
- 2.6.1 The checklists, contained in **Chapter 1**, provide templates for overall emergency response activities, directing personnel to use specific forms contained in **Chapter 9**, necessary for effective emergency response and data collection/retention.
 - 2.6.2 The flow and actions contained in checklists may not exactly fit the situation at hand and, therefore, are to be used as guides.
- 2.7 Third Party Assistance
- 2.7.1 The Family Support Services Representative will ensure third-party assistance is available to all personnel coping with emergency-related depression and stress.
 - 2.7.2 Third-party assistance may be provided by the American Red Cross (ARC) and/or professionals obtained through the Employee Assistance Program, as described in the Company Employee Handbook. Personnel are strongly encouraged to utilize these services when feeling overwhelmed or uncomfortable.
 - 2.7.3 As an industry resource, Pilot Union Critical Incident Response Program (CIRP), designed for aviation professionals, may be available and useful.

EMERGENCY RESPONSE MANUAL

CHAPTER 6: FAMILY ASSISTANCE PLAN

3. GATHERING AND SECURING INFORMATION

3.1 Crewmember/Patient/Passenger/MedFlight/Supernumerary

3.1.1 The Family Support Services Representative will obtain the latest crewmember/patient/passenger/med flight/supernumerary manifest from the Dispatch Manager.

3.2 Next of Kin

3.2.1 Using the latest crewmember/patient/passenger/medflight/supernumerary manifest, the Family Support Services Representative will obtain contact information for next-of-kin from the Chief Pilot.

3.2.2 Additional sources of contact information include Jumpseat Log Forms, personnel files, and information provided by the employers of non-Company supernumeraries.

3.3 Additional Information

3.3.1 The Family Support Services Representative should, on a continuing basis, collect and maintain the locations and telephone numbers of all fatally injured victims, survivors, on-site response personnel and other key role personnel on-site from the Director of Safety, the Family Member Notifier(s), the Family Member Liaison(s), and the On-Site Response Team Leader.

3.3.2 The Family Support Services Representative should forward this information to the Director of Operations each time the information is updated.

4. COMMUNICATIONS

4.1 Routing Calls

4.1.1 To ensure incoming calls are properly routed, the Family Support Services Representative is responsible for providing a list of personnel assigned to notification and liaison activities to the Dispatch Manager.

4.2 Family Member Notification

4.2.1 Kalitta Charters will establish contact with the family of a victim, as soon as possible following an accident, before the Public Relations Representative releases victims' names to the public.

4.2.2 While notification in person is preferred, since the KYIP base may not be home for the crewmembers involved, notifications will likely take place over the telephone.

(a) The Director of Operations should be consulted before making crewmember notifications, as it may be advisable to have pilot crewmembers travel to the next-of-kin to provide support and assistance.

4.2.3 Kalitta Charters is not required to release the names of crewmember/patient/passenger/med flight/supernumerary to the media. However, if the Public Relations Representative does plan to release victims' names, the Company will delay such releases until each family has had enough time to contact other family members.

4.2.4 The Family Support Services Representative will document the amount of time needed by each family to contact other family members and communicate that information with the Public Relations Representative.

4.3 Notification Priority

4.3.1 Family members, listed on the emergency contact information provided to the Human Resources Department, will be contacted. If no previously recorded emergency contact information can be found, attempts to notify family members will be made in the priority of the following relationships:

- (a) Spouse
- (b) Father, mother
- (c) Adult son, adult daughter
- (d) Adult brother, adult sister
- (e) Grandfather, grandmother
- (f) Uncle, aunt
- (g) Other adult relative
- (h) Minor children

4.3.2 Crewmember/patient/passenger/medflight/supernumerary information will be provided to family members as it becomes known.

4.3.3 Family Member Notifiers must not wait until all the names on the manifest are confirmed before notifying family members.

EMERGENCY RESPONSE MANUAL

CHAPTER 6: FAMILY ASSISTANCE PLAN

4.4 Using Call Scripts

- 4.4.1 The **Call Scripts** for Family Member Notifiers, to be used when responding to inquiries or notifying family members, are contained in Chapter 2.
- 4.4.2 While call scripts should be followed as closely as possible, Family Member Notifiers should feel comfortable collecting and providing information and therefore may deviate from these examples.
 - (a) Family Member Notifiers are expected to use good judgment when deviating from these scripts.
- 4.4.3 First impressions are very important. We want to limit the number of people we re-traumatize. Family Member Notifiers should practice these scripts and work with the Public Relations Representative to do their best if ever called upon.

4.5 Agency Notifications

- 4.5.1 Anytime the Family Assistance Plan is implemented, the Director of Safety is required to notify the NTSB at **(202) 314-6320**, and, if requested, send a copy of the most current crewmember/patient/passenger/medflight/supernumerary manifest, as described in **Chapter 4**.
- 4.5.2 In addition, if any foreign crewmember/patient/passenger/medflight/supernumeraries are involved, the Director of Safety should provide the most current crewmember/patient/passenger/medflight/supernumerary manifest to the Department of State (DOS).
 - (a) The DOS will facilitate interaction with appropriate foreign government embassies on behalf of any foreign crewmember/patient/passenger/med flight/supernumerary.

4.6 Press Releases

- 4.6.1 The Public Relations Representative may need to provide a press release to news agencies, and may post it to the Company website. The press release should include specific flight information (aircraft, flight number and routing) and the toll free number, listed in **Chapter 4**, for family members and friends of crewmember/patient/passenger/medflight/supernumerary to call to obtain and provide information.
- 4.6.2 Kalitta Charters is not required to release the names of crewmember/patient/passenger/medflight/supernumerary to the media. However, if the Public Relations Representative does plan to release victims' names, the Company will delay such releases until each family has had enough time to contact other family members.
- 4.6.3 For the duration of the emergency, the Public Relations Representative should continue to monitor the situation as it develops and provide updates as necessary to the media, the Company, and others as required.
- 4.6.4 No information shall leave the Company until it has been cleared by the Director of Safety or Director of Operations.

4.7 Internal and On-Site Status Reports

- 4.7.1 The Family Support Services Representative is responsible for maintaining a diary/log of all Family Assistance Plan activities.
- 4.7.2 In addition, the Family Support Services Representative and the On-Site Response Team Leader shall provide daily briefings to the Director of Safety and Director of Operations.
- 4.7.3 The Public Relations Representative will keep EOC personnel and other Company personnel informed of activities, as deemed appropriate.

EMERGENCY RESPONSE MANUAL

CHAPTER 6: FAMILY ASSISTANCE PLAN

5. THE FAMILY MEMBER LIAISON

5.1 General

- 5.1.1 The purpose of assigning a Family Member Liaison is to ensure the family members of victims receive proper support.
- 5.1.2 The activities of the Family Member Liaison depend solely upon the situation; no call scripts are provided. Therefore, personnel assigned to these duties must maintain a professional manner and appearance and maintain a supportive attitude at all times.
 - (a) In addition, the Family Member Liaison(s) must possess excellent verbal communication skills, be extremely well organized, detail oriented, and sincere.

5.2 Victim Support

- 5.2.1 If no On-Site Response Team is dispatched to the scene, the Family Member Liaison is responsible for performing the victim support duties on-site, specified in the **On-Site Response Team** section of this chapter.

5.3 Family Member Support

- 5.3.1 The Family Member Liaison is responsible for:
 - (a) Inquiring, as soon as possible, if the family member(s) wishes to travel to the accident site or hospital.
 - (b) Within the limitations set by the NTSB and local authorities, providing logistical support, in conjunction with senior management, travel personnel, and the On-Site Response Team, to family members planning to travel to the incident site or hospital. This support includes providing escorts, transportation, lodging, meals, security, communications, incidentals, and funds.
 - (i) Factors to consider in selecting a facility include the quality and size of rooms, privacy for family members, and relative location to medical examiner's office, temporary morgue, airport operations, crash site, NTSB investigation headquarters, and medical treatment facilities.
 - (c) Maintaining regular contact with family members, regardless of available information.
 - (d) Inquiring if family members desire American Red Cross (ARC) crisis assistance, and passing all such requests on to the Family Support Services Representative.
 - (e) Also, if necessary, and at a time deemed appropriate, consulting with family members about any Company-sponsored monument, including any inscriptions.
 - (f) If the accident or incident is the suspected result of a crime, coordinating with Department of Justice (DOJ) and On-Site Response Team Leader in arranging meetings with family members to explain their rights under victims of crime legislation.

- (g) Arranging with family not traveling to the site, the claiming of any baggage and personal items of a fatally injured crewmember/patient/passenger/med flight/supernumerary. This requires coordination with the On-Site Response Team Leader and Family Support Services Representative and involves precise verification before items can be released.
 - (i) The return of baggage and personal items may take days or months to complete, depending upon accident or incident findings. Verify contact information often. Record changes in contact information on the **Communications Log Form**, found in Chapter 9.
 - (ii) The Director of Safety is responsible to providing a secure storage area for unclaimed items for a minimum of 18 months.
- (h) If requested by a Joint Family Support Operations Center (JFSOC), coroner, or medical examiner, asking the family to have the records and x-rays overnight expressed to the address of the hotel where the JFSOC is located (attn: Deputy Director, FAA, NTSB), or to the coroner, at the Company's expense.
- (i) Informing the family that the Company would, if so requested, handle the details of delivering a fatally injured crewmember/patient/passenger/med flight/supernumerary to their mortuary of choice. The Family Member Liaison should point out that the Company already has people at the scene who are available to make arrangements, and that it may be unnecessary for the family to assume this responsibility.
 - (i) The mortuary caring for the deceased must know where the family wants to send their loved one. The Family Member Liaison may be asked to forward the name of the family's mortuary. The family will need to arrange for a funeral service with their mortuary.
- (j) If the family wishes the Company to handle the details of delivering a fatally injured crewmember/patient/passenger/medflight/supernumerary to their mortuary of choice, asking the family to contact the coroner or medical examiner as soon as possible and assisting the family in the completion of the **Death Certificate Information Form**, found in Chapter 9.

EMERGENCY RESPONSE MANUAL

CHAPTER 6: FAMILY ASSISTANCE PLAN

6. THE FAMILY SUPPORT SERVICES REPRESENTATIVE

6.1 General

6.1.1 The purpose of assigning a Family Support Services Representative is to ensure all activities required by the Family Assistance Plan are coordinated and conducted properly.

6.2 Support Responsibilities

6.2.1 In addition to the activities and responsibilities detailed throughout this chapter, the Family Support Services Representative is responsible for:

- (a) Monitoring the notification process and remaining aware of the status of notifications.
- (b) Reminding all personnel, including Family Member Liaisons, to accurately and completely document all contacts with family members using the **Communications Log Form**, found in Chapter 9.
- (c) Routinely verifying the accuracy and completeness of all notification and liaison documentation.
- (d) Creating and maintaining records, in hard copy, by crewmember/patient/passenger/med flight/supernumerary (one folder per name) of all notification and liaison documentation, including documentation generated from on-site activities.
- (e) Ensuring that any information sent to hospitals or medical examiners is also copied to the victims' files.
- (f) Generating hard copy summary information, for briefing purposes, on each crewmember/patient/passenger/med flight/supernumerary.
 - (i) Refer to the **Family Support Services Representative Checklist**, found in Chapter 8, for required summary information.
- (g) Monitoring all employees for signs of stress and referring them to the American Red Cross (ARC) or professionals obtained through the Employee Assistance Program.
- (h) Assisting the Director of Safety with training activities as required.
- (i) Once the emergency is over, evaluating the effectiveness of the Family Assistance Plan and recommend improvements to the Director of Safety.

7. THE ON-SITE RESPONSE TEAM

7.1 General

- 7.1.1 An On-Site Response Team may be dispatched to the accident site as an extension of the EOC. As such, their responsibilities rest primarily with accident investigation and resource recovery. However, as part of this Family Assistance Plan, their roles expand to include the care of victims and their family members traveling to and from the site.
- 7.1.2 The On-Site Response Team Leader is responsible for all team duties under this plan and for assigning team members specific activities, as required.

7.2 Victim Support

- 7.2.1 The On-Site Response Team Leader is responsible for:
- (a) Immediately after reaching the scene, documenting the locations and conditions of all crewmember/patient/passenger/med flight/supernumerary.
 - (b) Recording the injuries, treatment, and prognosis for each survivor. These records should be updated as the survivor's condition changes.
 - (c) Forwarding medical records to the Director of Safety and Family Support Services Representative as part of the permanent record of the accident. Refer to the **Survivor Condition Form**, found in Chapter 9.
 - (d) Ensuring all injured survivors receive the best possible medical care.
 - (e) Supporting non-hospitalized survivors as required, i.e., providing temporary lodging, travel, communications with family members, senior management, union representative, etc.
 - (i) Family and Company medical consultants may recommend the relocation of injured survivors. The Company's aircraft and crews may be used to transport injured survivors. However there are numerous aero-medical operators properly trained and equipped to perform these delicate and complex duties. It is typical for corporate insurance to cover such transportation costs.
 - (f) Ensuring the smooth flow of information from victims to their family members, that do not travel to the site.
 - (g) Encouraging all survivors, even those who appear to be uninjured, to undergo a medical examination and post-traumatic stress evaluation at Company expense. If they decline these medical examinations, they must sign the **Medical Examination and Treatment Refusal Form**, found in Chapter 9.
 - (h) Developing procedures, in conjunction with the Director of Safety and Family Support Services Representative, for the handling and return of baggage and personal items to victims.
 - (i) If requested by the coroner or medical examiner personnel, informing family members at an appropriate time, but as early as possible after being notified, that it is critical to the victim identification process that they contact their family dentist to obtain dental records of their loved one.
 - (j) Tracking the movement of all fatally injured crewmember/patient/passenger/med flight/supernumerary from the accident scene to the morgue and from the morgue to the mortuary, and for recording all movements using the **Victim and Response Participant Locator Form**, found in Chapter 9.

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CHAPTER 6: FAMILY ASSISTANCE PLAN

7.3 Family Member Support

7.3.1 The On-Site Response Team Leader is responsible for:

- (a) Identifying any immediate needs the family may have once at the site, and providing for them, including lodging, travel, monetary, childcare, medical, etc.
- (b) Acting as, or assigning members of the response team to act as, family escorts.
 - (i) Family escorts should accompany family members to and from the incident site or hospital. Family escorts will be responsible for assisting family members while at the site and should continue to be the Company interface with the family until the family returns to their residence.
- (c) Securing a facility, if required, at the arrival airport where family members may be initially gathered to protect them from media and solicitors.
- (d) When necessary, securing a private area, within the hotel, for the coroner or medical examiner personnel to collect ante mortem information from family members at the site, and providing quiet space and communications for the coroner or medical examiner personnel to telephonically collect ante mortem information from family members who decide to stay away from the site.
- (e) Providing support, when requested (including space and communications equipment) to the Joint Family Support Operations Center (JFSOC), if activated. Refer to Appendix C for information on the JFSOC.
- (f) Developing procedures, in conjunction with the Director of Safety and Family Support Services Representative, for the handling and return of baggage and personal items to the family members of fatally injured victims.
 - (i) The return of baggage and personal items may take days or months to complete, depending upon accident or incident findings. Verify contact information often. Record changes in contact information on the **Communications Log Form**, found in Chapter 9.
- (g) Informing the family of fatally injured crewmember/patient/passenger/med flight/supernumerary that the Company would, if so requested, handle the details of delivering the deceased to their mortuary of choice.
 - (i) The mortuary caring for the deceased must know where the family wants to send their loved one. The Family Member Liaison may be asked to forward the name of the family's mortuary. The family will need to arrange for a funeral service with their mortuary.
- (h) If the family wishes the Company to handle the details of delivering a fatally injured crewmember/patient/passenger/med flight/supernumerary to their mortuary of choice, asking the family to contact the coroner or medical examiner as soon as possible and assist the family in the completion of the **Death Certificate Information Form**, found in Chapter 9.

8. POST EMERGENCY ACTIVITIES

- 8.1 While the care for victims and their family members may be ongoing, once all other EOC activities have ended, the Director of Safety, in conjunction with the Director of Operations will verify all checklists are complete.
- 8.2 In addition, the Director of Safety, in conjunction with the Director of Operations and Family Support Services Representative will review the procedures maintained in this manual and assess, in conjunction with senior management, response effectiveness, revising manual content, as required.

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CHAPTER 8: PERSONNEL SAFETY ABROAD

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1. GENERAL

1.1 Purpose

1.1.1 The purpose of this chapter is to establish the procedures necessary to ensure effective response to reports from personnel (stationed or traveling abroad), that conditions, which threaten their safety, exist.

1.2 Scope

1.2.1 While the Company plans and provides resources to help ensure the safety of company personnel stationed and traveling abroad, situations may develop which place personal safety in jeopardy.

1.2.2 This chapter contains response procedures that relate to the following possible safety risks for personnel stationed and traveling abroad:

- a) Natural disasters;
- b) Political or civil unrest;
- c) Military action;
- d) Violent crime;
- e) Medical condition; or
- f) Personal detention by a law enforcement/government organization(s).

1.2.3 Should further response be necessary, contact the Director of Safety or Director of Operations.

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CHAPTER 8: PERSONNEL SAFETY ABROAD

2. PROCEDURES

2.1 General

2.2.2 While employees stationed and traveling abroad are instructed to take all measures necessary to protect themselves, situations may develop which threaten personal safety.

2.2.3 Employees are also instructed to immediately contact the Duty Manager, should conditions warrant assistance from the Company.

2.3 Initial Responsibilities and Actions

2.3.2 Should the Duty Manager be contacted, he/she is responsible taking the following actions immediately:

- e) Recording detailed information about the situation, including the names and locations of personnel affected with telephone/fax/email, and itineraries, using the **Communications Log Form**, found in Chapter 9;
- f) Briefing the employee's direct supervisor/manager, i.e. Chief Pilot, Director of Maintenance, etc.;
- g) Obtaining copies of the employee's current passport and verifying citizenship; and
- h) Notifying the Director of Safety and Director of Operations for response planning.
 - (i) The Permit Coordinator on duty can be a vital source of contact information for companies, personnel, and agencies in the region which could provide assistance.

2.4 Response Plan

2.4.2 The Director of Safety and/or the Director of Operations will determine, using all available information, if an emergency exists. If so determined, they, in conjunction with the Duty Manager, Planning Coordinator and employee's supervisor, as necessary, will develop an immediate response plan and will establish/maintain communications with all affected personnel.

2.4.3 The response plan will be unique to the situation and, to ensure timely action, will be based on information available at the time.

2.4.4 Information and assistance may come from a variety of sources, including:

- e) Ground handling or other non-government agencies in the area, with which the company has direct relationships.
- f) Consular personnel at U.S. Embassies and Consulates abroad and in the U.S, which are available 24 hours a day, 7 days a week, to provide emergency assistance to U.S. citizens. Contact information for U.S. Embassies and Consulates appears on the Bureau of Consular Affairs website at **<http://travel.state.gov>**.
- g) The Office of Overseas Citizen Services in the State Department's Bureau of Consular Affairs, which can be reached at **1-888-407-4747**, if calling from the U.S. or Canada, or **202-501-4444**, if calling from overseas.
- h) The State Department (DOS), for assistance with foreign Embassies and Consulates if an employee is not a U.S. citizen.

2.4.5 Once information and assistance options are known, the plan will be developed and implemented as quickly as possible.

2.4.6 The plan may provide for:

- e) Releasing necessary funds;
- f) Arranging different lodging;
- g) Arranging immediate travel for personnel to an airport, an Embassy, a different hotel, a medical facility, or other secure area;
- h) Arranging legal services/representation; and/or
- i) Arranging security services for personnel, aircraft, and cargo as necessary.

3. CONTRACTING THIRD PARTY INTERVENTION

3.2 The Director of Safety or Director of Operations may determine that intervention by a global risk management organization, such as ASI Group, is necessary.

3.3 The Director of Safety and Director of Operations, or their designees, are the only individuals authorized to contact with such an organization.

3.4 Should ASI Group, or another organization, be contracted, they will be assist in the development and implementation of an action plan at the direction of the Company.

3.5 Should any third party be contacted, it is of utmost importance that a member of the Pilot Union Executive Council or Safety Committee be immediately notified, to preclude the possibility of two third parties being involved and possibly interfering with each other accidentally.

3.6 Company personnel will assist any contracted third party as required.

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AIRCRAFT INCIDENT VERIFICATION FORM

AIRCRAFT INCIDENT VERIFICATION FORM



DOC: 001
REV: #5
DATE: 02-15-21

AIRCRAFT TAIL NUMBER: TIME OF INCIDENT:

INCIDENT LOCATION:

Incident Description: (Describe circumstances, damage to aircraft and surrounding structures, and any other information you believe relevant.)

Crewmember/passenger/patient/medflight/supernumerary? NO YES, specify:

Persons on the ground injured? NO YES, specify:

Emergency Services on Scene? NO YES, specify:

Incident Information Verified with Tower, Airport Authority, Emergency Responders, etc? NO YES

Specify Verification:

Incident Reported By:

Call-back Number: Time Reported:

Other Eyewitnesses: (Print name and contact #)

Other Significant Facts:

Received By: Time: Date:

EMERGENCY RESPONSE MANUAL

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COMMUNICATIONS LOG FORM



COMMUNICATION LOG

DOC: 002
REV: ORIG
DATE: 01-01-14

Your Name: _____

1. Time _____ Call from/to _____

Discussion _____

2. Time _____ Call from/to _____

Discussion _____

3. Time _____ Call from/to _____

Discussion _____

4. Time _____ Call from/to _____

Discussion _____

5. Time _____ Call from/to _____

Discussion _____

6. Time _____ Call from/to _____

Discussion _____

7. Time _____ Call from/to _____

Discussion _____

8. Time _____ Call from/to _____

Discussion _____

COMMUNICATIONS LOG FORM (Continued)

9. Time _____ Call from/to _____

Discussion _____

10. Time _____ Call from/to _____

Discussion _____

11. Time _____ Call from/to _____

Discussion _____

12. Time _____ Call from/to _____

Discussion _____

13. Time _____ Call from/to _____

Discussion _____

14. Time _____ Call from/to _____

Discussion _____

15. Time _____ Call from/to _____

Discussion _____

16. Time _____ Call from/to _____

Discussion _____

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DEATH CERTIFICATE INFORMATION FORM



DEATH CERTIFICATE FORM

DOC: 003
REV: ORIG
DATE: 01-01-14

DECEASED NAME: _____
Last First Middle

GENDER: Male Female RACE: _____ SS#: _____

MARITAL STATUS: Married Single SURVIVING SPOUSE (if wife, maiden name): _____

PRIMARY OCCUPATION: _____ TYPE OF INDUSTRY: _____

EMPLOYER (if self-employed so state): _____ YEARS IN SERVICE: _____

USUAL RESIDENCE:
Street: _____

City: _____ State: _____ Zip Code: _____

CITIZEN OF WHAT COUNTRY? _____

FATHER'S NAME: _____ BIRTHPLACE: _____

MOTHER'S NAME: _____ BIRTHPLACE: _____

NAME, ADDRESS AND RELATIONSHIP OF INFORMATION PROVIDER:
Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip Code: _____

NAME AND ADDRESS OF CEMETARY/CREMATORY:
Name: _____ Disposition (burial or cremation): _____

Street: _____

City: _____ State: _____ Zip Code: _____

NAME AND ADDRESS OF RECEIVING MORTUARY:
Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Completed By: _____ Date: _____

EMERGENCY MESSAGE FORM

This message form is to be used by the Operations Controller and/or his/her designee. Give no information pertaining to emergency. Fill out the form and advise the caller to whom you are referring the call in case of disconnect.

Date	Time	Phone Contact(s)	Subject of Call	Message (Note: Include the relationship between caller and the subject.)	Referral

EMERGENCY RESPONSE MANUAL

CHAPTER 9: FORMS

MANUAL REVISION REQUEST FORM



843 Willow Run Airport
Ypsilanti, MI 48198

MANUAL REVISION REQUEST

Doc.: 004
Rev.: ORIG.
Date: 01-01-14

Name: _____ Dept.: _____ Date: _____

Manual: _____ Chapter(s): _____ Page(s): _____

DETAIL WHY IS THIS REVISION IS NECESSARY

DETAIL THE PROPOSED REVISION

OTHER MANUALS AFFECTED

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Airline Safety Manual | <input type="checkbox"/> Standards | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Operations Manual | <input type="checkbox"/> Internal Evaluation Program | <input type="checkbox"/> _____ |
| <input type="checkbox"/> International Operations | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Training Manual | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Emergency Response Manual | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> General Maintenance Manual | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Fuel Manual | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

TO BE COMPLETED BY MANAGEMENT

Accepted Rejected Returned Name: _____ Date: _____

REASON FOR REJECTION/RETURN:

Revision or Bulletin No.: _____ Date: _____ Name: _____

EMERGENCY RESPONSE MANUAL

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MEDICAL EXAMINATION & TREATMENT REFUSAL FORM

The following persons on company flight _____ to _____, on _____ have been offered medical treatment or assistance on the day and at the time indicated below, and have refused such treatment or assistance:

DATE	TIME	NAME/ADDRESS OF PERSON REFUSING TREATMENT	SIGNATURE OF PERSON REFUSING TREATMENT <i>(If obtainable)</i>

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NEXT OF KIN NOTIFICATION FORM



NEXT OF KIN NOTIFICATION FORM

DOC: EF-018
REV: ORIG
DATE: 01-01-09

CREW/ACM NAME: _____
Last First Middle

NOK NOTIFIED: _____
Last First Middle

ADDRESS: _____

TELEPHONE NUMBER: _____ RELATIONSHIP: _____

NOTIFICATION MADE BY: _____

Time: _____

Date: _____

Specify exactly what was said to next of kin (*condition of victim, accident details, provisions offered, items requested, etc.*):

Specify all information provided by the next of kin (*personal effects wanted, mortuary, requests, travel plans, etc.*):

Referred to Family Liaison? NO YES, specify: _____

Other Significant Facts: _____

Completed By: _____ Time: _____ Date: _____

Print Form E-mail Form

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NTSB 6120.1 FORM

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**NATIONAL TRANSPORTATION SAFETY BOARD
NTSB Form 6120.1
PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT**

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site <<http://www.ntsb.gov>>, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

Rules pertaining to aircraft accidents/incidents, overdue aircraft, and safety issues are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operators.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by section 830.5(a) **The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when, after seven (7) days, an overdue aircraft is still missing.** An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The Pilot/Operator Aircraft Accident/Incident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that **ALL** questions be answered completely and accurately to serve the above purposes.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM
It is necessary that ALL questions on this report be answered completely and accurately.
If more space is needed, continue on a blank sheet.

Nearest City/Place: Use the name of the nearest community that has a Post Office in the state where the accident/incident occurred.

Date & Time: Indicate the date and local time of the event. Be sure to indicate the time zone.

Phase of Operation: Indicate the phase of operation during which the accident/incident occurred.

Aircraft Information: Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of manufacturer of the kit or plans when appropriate.

Max Gross Weight: Enter the certificated max gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

Airworthiness Certificate: For light sport aircraft, if aircraft certificated as "Light Sport - Experimental", check both the "Light Sport" and "Experimental" check boxes.

Type of Fire Extinguishing System: If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle,

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage.

2. "Substantial Damage" means damage or failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

Engine: Enter engine make and model information as indicated on the engine data plate.

Owner/Operator Information: Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "Doing Business as" when applicable, as shown on the operator certificate.

Revenue Sightseeing Flight: Indicate whether the accident aircraft was conducting **revenue** sightseeing operations under FAR Part 91 at the time of the accident.

Public Use: Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Military operations should not be included under public use. If public use, also indicate whether the flight was conducted by Federal, State, or Local government.

Air Medical Flight: Indicate whether accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

NTSB Form 6120.1 (rev. 10/2006). This form replaces 6120.1/2.

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Purpose of Flight (FAR 91, 103, 133, 137): Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

PERSONAL—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

BUSINESS—Includes all personal flying **without** a paid, professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

EXECUTIVE/CORPORATE—Company flying **with** a paid, professional crew.

OTHER WORK USE—Miscellaneous flight operations conducted for compensation or hire such as construction work (not FAR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

INSTRUCTIONAL—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

FERRY—Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

POSITIONING—Non-revenue flight conducted for the primary purpose of moving the aircraft to a maintenance facility or to load passengers or cargo, etc.

AERIAL APPLICATION—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

AERIAL OBSERVATION—Aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

AIR DROP—Aerial operations, other than aerial application, that are intended to release items in flight.

AIR RACE/SHOW—Includes any flight operations conducted as part of an organized air race or public demonstration.

FLIGHT TEST—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component, or evaluating an applicant for a pilot certificate or rating.

PUBLIC USE—See definition above.

UNKNOWN—Use only if the primary purpose of flight is not known.

Other Aircraft – Collision: For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

Airport Information: Complete this section if the accident/incident occurred on approach, takeoff, or within 3 miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

Airport Identification: Provide the official 3 or 4 character airport identifier.

Runway: Indicate the number of the runway used, including L, R, or C if applicable.

Runway/Landing Surface: Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

Condition of Runway/Landing Surface: Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

Weather Information at the Accident/Incident Site: Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident site.

Sky/Lowest Cloud Condition: Indicate the height above ground level of the lowest cloud condition present at the time of the accident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident (reported as broken or overcast).

NOTAMs ((D), (L) and FDC), AIRMETs, SIGMETs, PIREPs: Describe all NOTAMs, AIRMETs, SIGMETs, PIREPs in effect near the accident/incident. For NOTAMs, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

Pilot Information: Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Pilot A" and "Pilot B" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

Degree of Injury: See Definitions on the top half of Page 1 of the Instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

Date of Last Flight Review or Equivalent: Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

Type Ratings: List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none". If the pilot holds a pilot certificate other than student, and was flying an aircraft requiring an endorsement enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

Student Endorsements: If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

Flight Time: Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor".

Additional Flight Crew Members: Complete this section if there were more than two required flight crew members on the aircraft. This also includes a check airman performing official duties, but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

Passenger(s)/Other Personnel: Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the instructions for the official definition of injury levels. Occupants are considered "Revenue" passengers if they were being carried for compensation or hire. The option "FAA" refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

Several questions throughout the form allow for multiple responses; when appropriate choose all responses that apply.

These instructions only pertain to major issue areas covered by the NTSB Form 6120.1 Pilot/Operator Aircraft Accident/Incident Report. For additional definitions of questions and responses, please refer to <<http://www.nts.gov>>.

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public use aircraft accidents and incidents									
BASIC INFORMATION									
Accident/Incident Location Nearest City/Place: _____ State: _____ ZIP: _____ Country: _____ Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)					Date/Time Date: _____ Local Time: _____ <i>mm/dd/yyyy</i> Time Zone: _____				
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown					Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input type="checkbox"/> None		Altitude of In-Flight Occurrence _____ ft MSL		
AIRCRAFT INFORMATION									
Manufacturer: _____ Model: _____ Serial Number: _____ Registration Number: _____ Amateur-built: <input type="checkbox"/> Yes <input type="checkbox"/> No					Max Gross Weight: _____ lbs Weight at Time of Accident/Incident: _____ lbs Location of Center of Gravity at Time of Accident/Incident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)				
Category of Aircraft <input type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		Type of Airworthiness Certificate <i>(Check all that apply)</i> Standard <input type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport		Number of Seats: _____ If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown			
Type of Maintenance Program <input type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			Last Inspection Type <input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown		Date Last Inspection: _____ <i>mm/dd/yyyy</i> Airframe Total Time: _____ hrs hours measured at <i>(check one)</i> <input type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident				
IFR Equipped <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Stall Warning System Installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Type of Fire Extinguishing System <input type="checkbox"/> None <input type="checkbox"/> Specify _____				
ELT Installed ELT Activated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		ELT Manufacturer: _____ Model/Series: _____ Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____			ELT Aided in Locating Accident/Incident <input type="checkbox"/> Yes <input type="checkbox"/> No				
Engine Type <input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected		Propeller <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: _____ Model: _____					
Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Engine Rated Power Measured as <i>(check one)</i> <input type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)	
Eng. 1									
Eng. 2									
Eng. 3									
Eng. 4									

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OWNER/OPERATOR INFORMATION		
Registered Aircraft Owner Name: _____ Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner Address City: _____ State: _____ ZIP: _____ Country: _____	
Operator of Aircraft <input type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____	Operator Address <input type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces	Revenue Sightseeing Flight <input type="checkbox"/> Yes <input type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)		
Aircraft Registration Number _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
Pilot of Other Aircraft First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)		
Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i>		Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY		
Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground

Description of Damage to Aircraft and Other Property <i>(use additional sheet if necessary)</i>			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: _____		Distance From Airport Center: _____ SM	
Airport Name: _____		Direction From Airport: _____ degrees MAG	
Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip		Airport Elevation: _____ ft. MSL	
Approach Segment <i>(Select one)</i>			
<input type="checkbox"/> On Instrument Approach <input type="checkbox"/> Landing <input type="checkbox"/> Base leg <input type="checkbox"/> Final <input type="checkbox"/> Go Around		<input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown)	
IFR Approach <i>(Check all that apply)</i>		VFR Approach <i>(Check all that apply)</i>	
<input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling		<input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown	
Runway Information		Condition of Runway/Landing Surface <i>(Check all that apply)</i>	
Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		<input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation	
Runway/Landing Surface <i>(Check all that apply)</i>			
<input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow			
FLIGHT ITINERARY INFORMATION			
Last Departure Point		Time of Departure	Destination
Airport ID: _____ City: _____ State: _____ Country: _____		Time: _____ Time Zone: _____	Airport ID: _____ City: _____ State: _____ Country: _____
Type Flight Plan Filed			
<input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR			
Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of ATC Clearance/Service <i>(Check all that apply)</i>			
<input type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise <input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i>			
<input type="checkbox"/> Class A <input type="checkbox"/> Class E <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Special <input type="checkbox"/> Class B <input type="checkbox"/> Class G <input type="checkbox"/> Restricted Area <input type="checkbox"/> TRSA <input type="checkbox"/> Air Traffic Control Area <input type="checkbox"/> Class C <input type="checkbox"/> Demo Area <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> FAR 93 <input type="checkbox"/> Unknown <input type="checkbox"/> Class D <input type="checkbox"/> Warning Area <input type="checkbox"/> Airport Advisory Area			
Aircraft Load Description <i>(Check all that apply)</i>			
<input type="checkbox"/> None <input type="checkbox"/> Towing Glider <input type="checkbox"/> Parachutists <input type="checkbox"/> Livestock <input type="checkbox"/> Passengers <input type="checkbox"/> Towing Banner <input type="checkbox"/> Water <input type="checkbox"/> Unknown <input type="checkbox"/> Cargo <input type="checkbox"/> Other External <input type="checkbox"/> Chemical/Fertilizer/Seeds			
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff <i>(convert from pounds, as necessary)</i>		Fuel Type	
_____ Gallons		<input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4 <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5	
Other Services, if Any, Prior to Departure			

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EVACUATION OF AIRCRAFT				
Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location <div style="height: 100px;"></div>				
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG	Source of Weather Information <i>(Check all that apply)</i> <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	Method of Briefing <i>(Check all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown		
Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported		Visibility _____ miles	
Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered	Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown		Restriction to Visibility <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
Lowest Cloud Condition Height _____ ft AGL	Ceiling Height _____ ft AGL			
Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	Type of Turbulence <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop	
NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident <div style="height: 100px;"></div>				
Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)	Icing Forecast Amount Type <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed Icing Actual Amount Type <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed		Type of Precipitation <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	

EMERGENCY RESPONSE MANUAL

CHAPTER 9: FORMS

Page: 9-17

Rev: ORIG

Date: 01-01-14

PILOT "A" INFORMATION											
Pilot "A" Responsibilities at the Time of Accident/Incident											
<input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew											
Pilot "A" Identification											
First Name: _____					City: _____						
Middle Initial: _____					State: _____			ZIP: _____			
Last Name: _____					Country: _____						
Age at time of Accident/Incident: _____				Date of Birth: _____			Certificate Number: _____				
Degree of Injury				Seat Occupied			Seat Belt			Shoulder Harness	
<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious				<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pilot Certificate(s) <i>(Check all that apply)</i>											
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military											
Principal Occupation		Medical Certificate				Medical Certificate Validity			Date of Last Medical		
<input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown				<input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			_____ <i>mm/dd/yyyy</i>		
Medical Certificate Limitations											
Medical Certificate Waivers											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:				Flight Review Aircraft							
_____				Make: _____							
<i>mm/dd/yyyy</i>				Model: _____							
Airplane Rating(s)			Other Aircraft Rating(s)			Instrument Rating(s)			Instructor Rating(s)		
<i>(Check all that apply)</i>			<i>(Check all that apply)</i>			<i>(Check all that apply)</i>			<i>(Check all that apply)</i>		
<input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea			<input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift		<input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
Type Ratings						Student Endorsements <i>(Include dates)</i>					
Flight Time <i>(enter appropriate number of hours in each box)</i>		All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time							Actual Simulated				
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

EMERGENCY RESPONSE MANUAL

CHAPTER 9: FORMS

PILOT "B" INFORMATION												
Pilot "B" Responsibilities at the Time of Accident/Incident												
<input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew												
Pilot "B" Identification												
First Name: _____					City: _____							
Middle Initial: _____					State: _____			ZIP: _____				
Last Name: _____					Country: _____							
Age at time of Accident/Incident: _____				Date of Birth: _____			Certificate Number: _____					
Degree of Injury				Seat Occupied			Seat Belt			Shoulder Harness		
<input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Minor <input type="checkbox"/> Unknown <input type="checkbox"/> Serious				<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Center <input type="checkbox"/> Single			Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No			Used <input type="checkbox"/> Yes <input type="checkbox"/> No Available <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pilot Certificate(s) (Check all that apply)												
<input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military												
Principal Occupation		Medical Certificate			Medical Certificate Validity			Date of Last Medical				
<input type="checkbox"/> Pilot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only) <input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown			<input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> With limitations/waivers <input type="checkbox"/> Unknown			_____ <i>mm/dd/yyyy</i>				
Medical Certificate Limitations												
Medical Certificate Waivers												
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:				Flight Review Aircraft								
_____				Make: _____								
<i>mm/dd/yyyy</i>				Model: _____								
Airplane Rating(s)		Other Aircraft Rating(s)		Instrument Rating(s)			Instructor Rating(s)					
<i>(Check all that apply)</i>		<i>(Check all that apply)</i>		<i>(Check all that apply)</i>			<i>(Check all that apply)</i>					
<input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift			<input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport					
Type Ratings						Student Endorsements (Include dates)						
Flight Time (enter appropriate number of hours in each box)												
	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air		
						Actual	Simulated					
Total Time												
Pilot in Command (PIC)												
Time as Instructor												
This Make/Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)							
Pilot Name and Address				Degree of Injury			
First Name: _____		City: _____		<input type="checkbox"/> None		<input type="checkbox"/> Fatal	
Middle Initial: _____		State: _____ ZIP: _____		<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown	
Last Name: _____		Country: _____		<input type="checkbox"/> Serious			
Pilot Certificate(s) (Check all that apply)				Seat Occupied			
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial	
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport	
				<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> Foreign	
				<input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left	
Type Rating/Endorsement for Accident/Incident Aircraft?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Right	
						<input type="checkbox"/> Front	
						<input type="checkbox"/> Rear	
						<input type="checkbox"/> Center	
						<input type="checkbox"/> Single	
						<input type="checkbox"/> Unknown	
Pilot Name and Address				Degree of Injury			
First Name: _____		City: _____		<input type="checkbox"/> None		<input type="checkbox"/> Fatal	
Middle Initial: _____		State: _____ ZIP: _____		<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown	
Last Name: _____		Country: _____		<input type="checkbox"/> Serious			
Pilot Certificate(s) (Check all that apply)				Seat Occupied			
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial	
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport	
				<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> Foreign	
				<input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left	
Type Rating/Endorsement for Accident/Incident Aircraft?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Right	
						<input type="checkbox"/> Front	
						<input type="checkbox"/> Rear	
						<input type="checkbox"/> Center	
						<input type="checkbox"/> Single	
						<input type="checkbox"/> Unknown	
Pilot Name and Address				Degree of Injury			
First Name: _____		City: _____		<input type="checkbox"/> None		<input type="checkbox"/> Fatal	
Middle Initial: _____		State: _____ ZIP: _____		<input type="checkbox"/> Minor		<input type="checkbox"/> Unknown	
Last Name: _____		Country: _____		<input type="checkbox"/> Serious			
Pilot Certificate(s) (Check all that apply)				Seat Occupied			
<input type="checkbox"/> None		<input type="checkbox"/> Student		<input type="checkbox"/> Recreational		<input type="checkbox"/> Commercial	
<input type="checkbox"/> Private		<input type="checkbox"/> Flight Instructor		<input type="checkbox"/> Sport		<input type="checkbox"/> Airline Transport	
				<input type="checkbox"/> Flight Engineer		<input type="checkbox"/> Foreign	
				<input type="checkbox"/> U.S. Military		<input type="checkbox"/> Left	
Type Rating/Endorsement for Accident/Incident Aircraft?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs		<input type="checkbox"/> Right	
						<input type="checkbox"/> Front	
						<input type="checkbox"/> Rear	
						<input type="checkbox"/> Center	
						<input type="checkbox"/> Single	
						<input type="checkbox"/> Unknown	
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)							
Name and Address	Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal Serious Injury Minor Injury No Injury Unknown
First Name: _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State: _____ ZIP: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State: _____ ZIP: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State: _____ ZIP: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Initial: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State: _____ ZIP: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country: _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY RESPONSE MANUAL

CHAPTER 9: FORMS

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained.

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

ADDITIONAL INFORMATION *(Please type or print in ink)*

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report	Signature and Name of Pilot/Operator		
_____	Signature: _____		
<i>mm/dd/yyyy</i>	Type or Print Name: _____		
Signature and Name of Person Filing Report if Other than Pilot/Operator			
Signature: _____			
Type or Print Name: _____			
Title: _____			
FOR NTSB USE ONLY			
NTSB Accident/Incident No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received

EMERGENCY RESPONSE MANUAL

CHAPTER 9: FORMS

SURVIVOR CONDITION FORM

Number:	Name:	
	Injuries:	
	Treatment:	
	Attended By:	
	Transported To:	
	Liaison/Date/Time:	

Number:	Name:	
	Injuries:	
	Treatment:	
	Attended By:	
	Transported To:	
	Liaison/Date/Time:	

Number:	Name:	
	Injuries:	
	Treatment:	
	Attended By:	
	Transported To:	
	Liaison/Date/Time:	

Number: Please number each occupant of the aircraft in sequential order. Number, as used on this form does not denote a passenger number it is merely a tool to track total occupants of the aircraft. Make additional copies as needed.

Action: Complete and forward to Director of Safety by the most expeditious means available, i.e. telefax, phone, e-mail, etc.

VICTIM AND RESPONSE PARTICIPANT LOCATOR FORM

Use this form to track the location of response participants and victims, (both survivors and fatalities).

Name	Location	Date	Phone

Date: _____

Completed By: _____

EMERGENCY RESPONSE MANUAL

CHAPTER 9: FORMS

INTENTIONALLY
LEFT
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FALCON 20 – EMERGENCY RESPONSE CARDS



Operation of the cargo door is accomplished from either of two rocker-type switches, one located inside - the other outside of the aircraft fuselage. The spring-loaded switches provide for continuous up/down control within the operating range of the door.

Rear compartment hatch open with batteries/hydraulic reservoir/fire bottles



Crew/Passenger oxygen bottle with two masks; both a water and CO2 fire extinguisher is included. Also a fire ax is located in the cockpit. Location/Setup may be different according to aircraft specific.



Captains/FO cockpit windows can be used for emergency exits.

EMERGENCY RESPONSE MANUAL

CHAPTER 9: FORMS

FALCON 20 – EMERGENCY RESPONSE CARDS

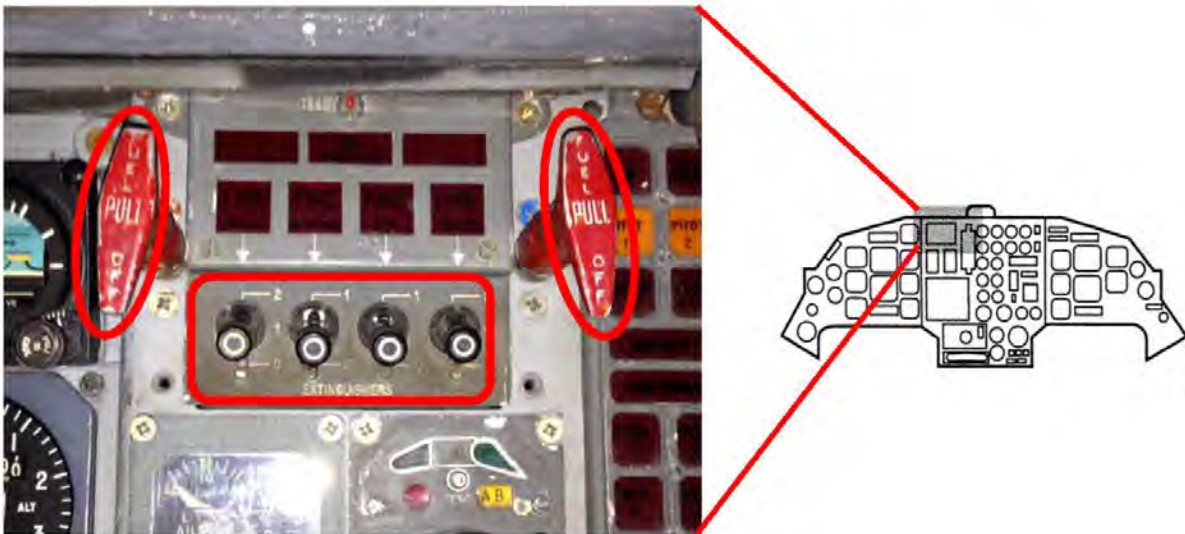
Fire Protection System

Engines – both fire bottles can be discharged into either engine nacelle (if warranted)

APU - One Falcon - passenger only – has own fire extinguishing bottle (half size of main bottles)

Rear Compartment – Fires both engine bottles into rear compartment

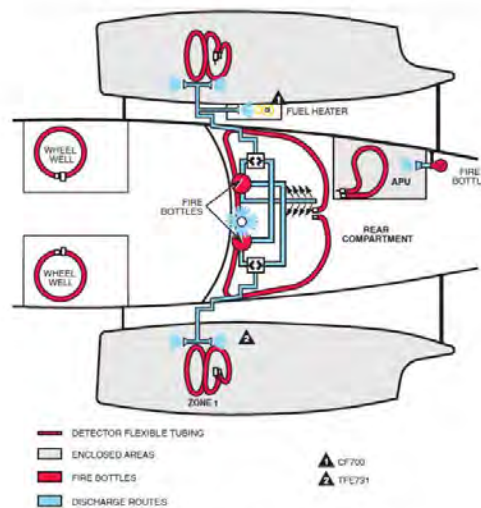
Wheel Wells – only has fire warning horn – no extinguishing system for the wheel wells



Pulling the appropriate T-handle; this will stop the flow of fuel to the associated engine and fuel heater; if the fire persists, move the appropriate extinguisher switch to position 1 or 2 (both engine/cargo area) to discharge the contents of that fire bottle to the engine nacelle.



Two 1.5 kg Freon filled fire extinguishing bottles protect each engine

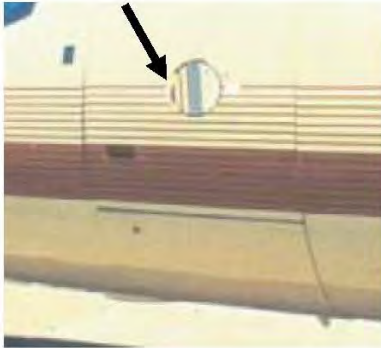


FIRE PROTECTION SCHEMATIC

LEARJET 20/30 SERIES – EMERGENCY RESPONSE CARDS

PASSENGER DOOR OPERATIONS

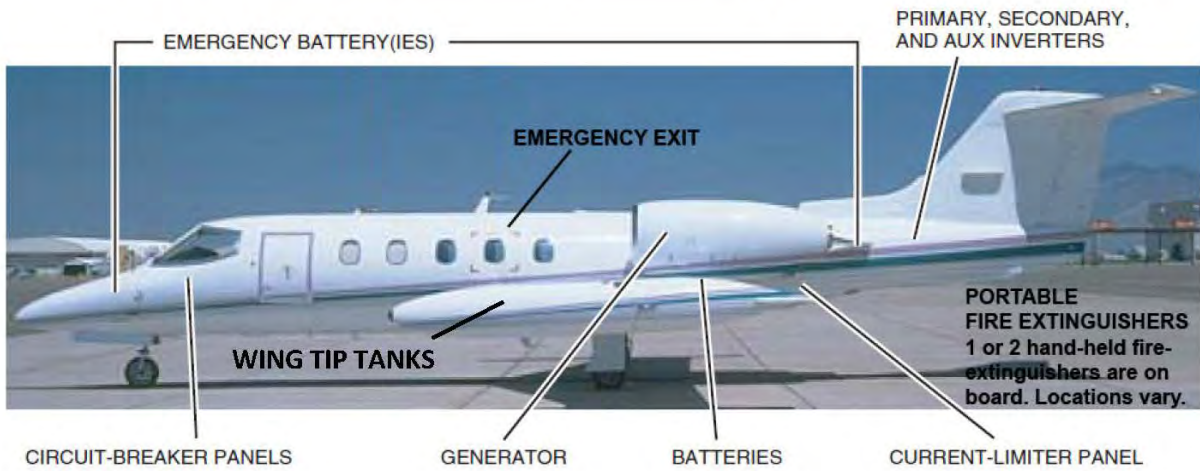
The upper portion of the door has both outside/inside locking handles



Standard door is 24 inches wide;
Upper door serves as an emergency exit



ELECTRICAL POWER/EMERGENCY EQUIPMENT



Two Halon fire extinguishing agent containers and two 24 volt batteries (either lead-acid/nickel-cadmium type) are located in the tailcone area. Also the hydraulic reservoir and accumulator are located in the tailcone

EMERGENCY RESPONSE MANUAL

CHAPTER 9: FORMS

LEARJET 20/30 SERIES - EMERGENCY RESPONSE CARDS

FIRE PROTECTION



FIRE OR ENG FIRE T-HANDLES AND ARMED LIGHTS –
First place affected engine thrust lever to CUT-OFF



FIRE OR ENG FIRE T-HANDLES AND ARMED LIGHTS – Pull corresponding T-handle; (or lifting guard and depressing the red FIRE warning light – on later model aircraft), this closes the main fuel, hydraulic, and bleed-air shutoff valves for the engine. Depress ARMED light momentarily which discharges the contents of one fire-extinguisher bottle and allows it to flow into the affected engine nacelle.

CREW/PASSENGER EMERGENCY OXYGEN



OXYGEN CYLINDER

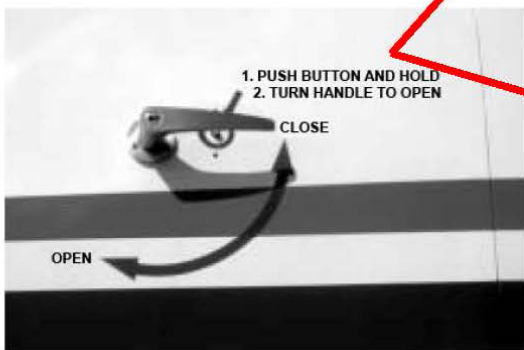
Aircraft is supplied with oxygen from a storage cylinder either in the right nose section or the dorsal fin (later models).



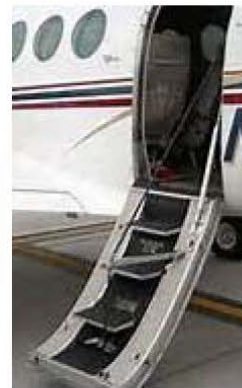
Each oxygen cylinder has a storage capacity of 38 cubic feet at 1,800 PSI.

KING AIR – EMERGENCY RESPONSE CARDS

DOOR OPERATION



OUTSIDE DOOR HANDLE

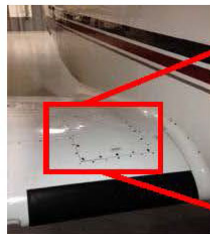


FIRE PROTECTION

The aircraft uses three detectors incorporated into each engine nacelle. Each system has red warning annunciator readouts and a test function only. **There are two portable fire extinguishers installed: one under the copilot's seat, and the other near the entrance door.**

BATTERY

A single, 24-volt, 42 ampere-hour sealed lead acid gel cell battery is located in the right wing center section forward of the main spar.



EMERGENCY RESPONSE MANUAL

CHAPTER 9: FORMS

KING AIR – EMERGENCY RESPONSE CARDS

EMERGENCY EXIT



The emergency exit window, placarded EXIT-PULL is located at the forward right side of the passenger compartment. Window can be released by a flush-mounted, pull-out handle.

CREW/PASSENGER SEATING

